2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90337 017 ****61.25

DOCUMENT # N43832 1. Entity Name ROYAL RIDGE HOMEOWNERS' ASSOCIATION, INC.				04-18-2003 90337 017 7 61.23	
	e of Business I ORANGE AVENUE L 32809-6711 US	Mailing Address C/O RELIABLE PROPERTY MANAGERS, INC. PMB 345, 4250 ALAFAYA TR., STE. 212 OVIEDO, FL 32765			
2. Principal Place of Business 3. Mailing Address			I IRRIIJSE RAK RIARRE IIIAN SHARR KIIIA KIRAK BIRAK RIAKI RIAKI RIAKI RIAKI RIAKI RIAKI RIAKI RIAKI		
Suite, Apt. #, etc.		Leland Management 8009 South Orange Avenue		04082005 Chg-NP CR2E037 (10/03)	
City & State		Orlando, FL 32809		4. FEI Number - Applied For 59-3191654 Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
_	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
; Name				е	
LELAND MANAGEMENT, INC. 8009 S. ORANGE AVE.			Stree	Street Address (P.O. Box Number is Not Acceptable)	
URLANDO	D, FL 32809-0131				
	·		City	FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2005	Trust Fund (npaign Financin Contribution.	Added to Fees Florida Department of State	
10.	OFFICERS AND DI		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PSD	Delete	TITLE	President Change Addition	
NAME	NICHOLSON, ANTHONY J		NAME STREET ADDRE	1. 1- 0 :d. 0 0=1/0	
STREET ADDRESS CITY-ST-ZIP	111 W. ROBINSON ST. ORLANDO, FL 32801		CITY-ST-ZIP	00 10 01 51 72 027	
	<u> </u>			Ouvenport, FL33837 Vice President Change Addition	
TITLE	TD NICHOLOGN CON IA	Delete	TITLE	Candace pancloffo . Change Addition	
NAME CORREST ADDRESS	NICHOLSON, SONJA 111 W. ROBINSON ST.		NAME STREET ADDRE		
STREET ADDRESS CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	3 7 78 HUNTONCHE D. 101.	
r	VPD			Paven port, FL 33837	
ITTLE NAME	SUTTON, DERRICK	Delete	TITLE NAME	Dianne Hearn Change Maddition	
STREET ADDRESS	111 W. ROBINSON STREET		STREET ADDRE	The contract of the contract o	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	Davenput, FL33837	
	51121135,72 52551		TITLE	Secretary Change Addition	
TITLE NAME		☐ Delete	NAME	usanda octiz	
STREET ADDRESS			STREET ADDRE	wanda Ortiz 10 3 High Ridge Orive	
CITY-ST-ZIP	,		CITY-ST-ZIP	parenport, FL 33837	
TITLE		☐ Delete	11TLE	Director Chance Orddition	
NAME			NAME	Lloyd Bryant	
STREET ADDRESS			STREET ADDRE	S 1012 Belovir Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Lluyd Bryant 1012 Beluvir Drive pavenport, FL 33837	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	·		NAME		
STREET ADDRESS			STREET ADDRE	SS	
CITY-ST-ZIP			CITY-ST-ZIP	'	
12. Thereby	certify that the information supplied wit	b this filing does not qualify for	r the exemption	stated in Section 119 07(3)(i) Florida Statutes 1 further certify that the information	

12. Thereby certify that the information supplied with this limit globes hot quality for the exemption stated in Section 1197(3)(j). Florida Statutes. I further certify that the information indicated on this report or supplied entail report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE

SIGNATUR

Katherine Andrews