

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736618 (0)
1. Corporation Name
ROYAL PALM HARBOR ASSOCIATION



Principal Place of Business

1248 NORTHPORT DRIVE
SARASOTA FL 34242

Mailing Address

1248 NORTHPORT DRIVE
SARASOTA FL 34242

3. Date Incorporated or Qualified
08/18/1976

3a. Date of Last Report
02/03/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

9. Name and Address of Current Registered Agent

KAISER, W. M.
1248 NORTHPORT DRIVE
SARASOTA FL 34242

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☒ DELETE
NAME RICKARDS, SCOTT
STREET ADDRESS 1219 SOUTHPORT DR
CITY-ST-ZIP SARASOTA FL

TITLE D ☒ DELETE
NAME SULLIVAN, RICHARD
STREET ADDRESS 1243 NORTHPORT DRIVE
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE
NAME PHILLIP, MRS EDWARD ST
STREET ADDRESS 1264 NORTHPORT DRIVE
CITY-ST-ZIP SARASOTA FL

TITLE TD ☐ DELETE
NAME KAISER, W.M.
STREET ADDRESS 1248 NORTHPORT DR
CITY-ST-ZIP SARASOTA, FL 00000

TITLE SD ☒ DELETE
NAME JOSEPH, DR SYDNEY
STREET ADDRESS 1283 SOUTHPORT DRIVE
CITY-ST-ZIP SARASOTA FL

TITLE PD ☐ DELETE
NAME LEVITT, ROBERT B
STREET ADDRESS 1201 SOUTHPORT DR
CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☐ Change ☐ Addition
1.2 NAME JAMES FOOTE
1.3 STREET ADDRESS 1216 NORTHPORT DR.
1.4 CITY-ST-ZIP SARASOTA, FL 34242

2.1 TITLE PD ☐ Change ☐ Addition
2.2 NAME NANCY DONNELLAN
2.3 STREET ADDRESS 1275 SOUTHPORT DR
2.4 CITY-ST-ZIP SARASOTA, FL 34242

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE SD ☐ Change ☐ Addition
5.2 NAME LINDA MARKS
5.3 STREET ADDRESS 1291 SOUTHPORT DR.
5.4 CITY-ST-ZIP SARASOTA, FL 34242

6.1 TITLE D ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.M. KAISER TREAS.

Date

Daytime Phone #

4/27/96 941-923-1881

CP2E037 (12/95)