

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 MAR 22 PH 3: 26

CORPORATION  
 ANNUAL REPORT  
 1995



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

**DOCUMENT # 720936 (4)**  
 1. Corporation Name  
**ROYALE VILLAS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**% L. J. REDDING** **% L. J. REDDING**  
**426 FRENCH ROYALE CIRCLE** **426 FRENCH ROYALE CIRCLE**  
**ATLANTIS FL 33462** **ATLANTIS FL 33462**

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified **05/13/1971** 3a. Date of Last Report **03/24/1994**

4. FEI Number **59-2351414** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**REDDING, LARRY**  
**426 FRENCH ROYALE CIRCLE**  
**ATLANTIS FL 33462**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Charles E. Moses* *[Signature]* **3/10/95**  
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 NAME STREET ADDRESS CITY - ST - ZIP	PD REDDING, LAWRENCE 426 FRENCH ROYALE CIRCLE ATLANTIS FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WOODS, LUTHER 407 VILLA DR., S. ATLANTIS FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BROWN, MARILYN 426 FRENCH ROYALE CIRCLE ATLANTIS FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARNELL, DOROTHY 384 VILLA DR. SOUTH ATLANTIS FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANGE, ARTHUR 426 FRENCH ROYALE CIRCLE ATLANTIS, FL 0 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOSES, CHARLES <i>391 Villa Dr S</i> <del>426 FRENCH ROYALE CIRCLE</del> <i>ATLANTIS FL</i> ATLANTIS FL 33462

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(4), 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 resolver 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: *Charles E. Moses* **CHARLES E. MOSES** *[Signature]* **3/10/95** **117 967 5602**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #