

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 # 720936 (4)

1. Corporation Name
ROYALE VILLAS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **05/13/1971** 3a. Date of Last Report **03/22/1995**

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

4. FEI Number **59-2351414** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDDING, LAWRENCE	1.2 NAME	
STREET ADDRESS	426 FRENCH ROYALE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, LUTHER	2.2 NAME	
STREET ADDRESS	407 VILLA DR., S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARILYN	3.2 NAME	
STREET ADDRESS	426 FRENCH ROYALE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARNELL, DOROTHY	4.2 NAME	D KEN SEAQUIST
STREET ADDRESS	384 VILLA DR. SOUTH	4.3 STREET ADDRESS	441 FRENCH ROYALE CIRCLE
CITY-ST-ZIP	ATLANTIS FL	4.4 CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGE, ARTHUR	5.2 NAME	
STREET ADDRESS	426 FRENCH ROYALE CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS, FL 0	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSES, CHARLES	6.2 NAME	
STREET ADDRESS	391 VELLA DR S	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	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)(f), 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: *Charles J. Moses* 3/14/96 Date 407 967 FL Daytime Phone #

CR2E037 (12/95)