

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720936 (4)

1. Corporation Name
ROYALE VILLAS ASSOCIATION, INC.



Principal Place of Business % L. J. REDDING 426 FRENCH ROYALE CIRCLE ATLANTIS FL 33462	Mailing Address % L. J. REDDING 426 FRENCH ROYALE CIRCLE ATLANTIS FL 33462
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3. Date Incorporated or Qualified
05/13/1971

4. FEI Number 59-2351414	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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21. Principal Place of Business 391 Villa Drive South	22. Mailing Address 391 Villa Drive South
23. City & State ATLANTIS, FL	24. City & State ATLANTIS, FL
25. Zip 33462	26. Zip 33462
27. Country USA	28. Country USA

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year applicable Personal Property Tax due June 30. 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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REDDING, LAWRENCE	1.2 NAME	PD Catherine St George
STREET ADDRESS	426 FRENCH ROYALE CIRCLE	1.3 STREET ADDRESS	449 French Royale Circle
CITY-ST-ZIP	ATLANTIS FL	1.4 CITY-ST-ZIP	ATLANTIS, FL
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, LUTHER	2.2 NAME	D
STREET ADDRESS	407 VILLA DR., S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD BROWN, MARILYN	3.2 NAME	VPD Joseph Gregg
STREET ADDRESS	426 FRENCH ROYALE CIRCLE	3.3 STREET ADDRESS	ATLANTIS, FL
CITY-ST-ZIP	ATLANTIS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SEAQUIST, KEN	4.2 NAME	
STREET ADDRESS	441 FRENCH ROYALE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D LANGE, ARTHUR	5.2 NAME	SD Nancy Van Hoven
STREET ADDRESS	892 VILLA DRIVE SOUTH	5.3 STREET ADDRESS	434 French Royale Circle
CITY-ST-ZIP	ATLANTIS FL	5.4 CITY-ST-ZIP	ATLANTIS, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MOSES, CHARLES	6.2 NAME	PD
STREET ADDRESS	391 VILLA DR S	6.3 STREET ADDRESS	391 Villa Drive South.
CITY-ST-ZIP	ATLANTIS FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____

CP2E037 (10/97)