FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:52

DOCUMENT # 736618 (0)

1. Corporation Name
ROYAL PALM HARBOR ASSOCIATION

Principal Place of Business	Mailing Address
1248 NORTHPORT DRIVE SARASOTA FL 34242	1248 NORTHPORT DRIVE SARASOTA FL 34242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1976
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-1712139 ☐ 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
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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24
Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29
Country — 30

9. Name and Address of Current Registered Agent

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

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	RICKARDS, SCOTT	1.2 NAME		
STREET ADDRESS	1219 SOUTHPORT DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	ROFFMAN, HERBERT	2.2 NAME	D	
STREET ADDRESS	1200 NORTHPORT DR	2.3 STREET ADDRESS	Richard Sullivan	
CITY-ST-ZIP	SARASOTA, FL 00000	2.4 CITY-ST-ZIP	1243 Northport Drive	
TITLE	D	3.1 TITLE	Sarasota, FL 34242	☒ Change ☐ Addition
NAME	SORENSON, NANCY	3.2 NAME	D	
STREET ADDRESS	1256 NORTHPORT DR	3.3 STREET ADDRESS	Mrs. Edward St. Phillip	
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	1264 Northport Drive	
TITLE	TD	4.1 TITLE	Sarasota, FL 34242	☐ Change ☐ Addition
NAME	KAISER, W.M.	4.2 NAME		
STREET ADDRESS	1248 NORTHPORT DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	RUSSELL, VANNATTA	5.2 NAME	Dr. Sydney Joseph	
STREET ADDRESS	1211 SOUTHPORT DR	5.3 STREET ADDRESS	283 Southport Drive	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Sarasota, FL 34242	
TITLE	SD	6.1 TITLE	PD	☒ Change ☐ Addition
NAME	LEVITT, ROBERT B	6.2 NAME		
STREET ADDRESS	1201 SOUTHPORT DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA 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)(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: W.M. Kaiser W.M. KAISER, TREAS 1/28/95 813 923-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6018874