

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90062 012 ****61.25

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DOCUMENT # 736618

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

466449 - 90062 - 12



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/18/1976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-1712139

Applied For
☐ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☒ DELETE
NAME **SOERENSON, DONALD**
STREET ADDRESS **1256 NORTH PORT DRIVE**
CITY-ST-ZIP **SARASOTA FL 34242**

1.1 TITLE **SD** ☐ Change ☒ Addition
1.2 NAME **Hays, John**
1.3 STREET ADDRESS **1224 Northport Drive**
1.4 CITY-ST-ZIP **Sarasota, FL 34242**

TITLE **D** ☐ DELETE
NAME **SCHRAMM, JOSEPH**
STREET ADDRESS **1232 NORTH PORT DRIVE**
CITY-ST-ZIP **SARASOTA FL 34242**

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME **PD**
2.3 STREET ADDRESS **PD**
2.4 CITY-ST-ZIP **XX**

TITLE **PD** ☐ DELETE
NAME **LEVITT, ROBERT B**
STREET ADDRESS **1201 SOUTH PORT DRIVE**
CITY-ST-ZIP **SARASOTA FL 34242**

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

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

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

TITLE **VD** ☒ DELETE
NAME **MCCLELLAND, CAROLYN**
STREET ADDRESS **1267 SOUTHPORT DR**
CITY-ST-ZIP **SARASOTA FL 34242**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Gray, Leslie**
5.3 STREET ADDRESS **1280 Northport Drive**
5.4 CITY-ST-ZIP **Sarasota, FL 34242**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

W. M. KAISER

4/27/99 941-923-1881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1/98)