

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736618

1. Entity Name

ROYAL PALM HARBOR ASSOCIATION

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90176 038 ****61.25

Principal Place of Business

1248 NORTHPORT DRIVE
 SARASOTA FL 34242

Mailing Address

1248 NORTHPORT DRIVE
 SARASOTA FL 34242

2. Principal Place of Business

1275 Southport Drive

Suite, Apt. #, etc.

3. Mailing Address

1275 Southport Drive

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

59-1712139

Applied For

Not Applicable

Zip

34242

Country

SARASOTA

Zip

34242

Country

SARASOTA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Robert I. Donnellan
 Street Address (P.O. Box Number is Not Acceptable) 1275 Southport Drive
 City SARASOTA FL Zip Code 34242

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Robert I. Donnellan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-8-2000

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

☐ \$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	HAYS, JOHN	
STREET ADDRESS	1224 NORTHPORT DRIVE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHRAMM, JOSEPH	
STREET ADDRESS	1232 NORTH PORT DRIVE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEVITT, ROBERT B	
STREET ADDRESS	1201 SOUTH PORT DRIVE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KAISER, W.M.	
STREET ADDRESS	1248 NORTHPORT DR	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, LESLIE	
STREET ADDRESS	1280 NORTHPORT DRIVE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert I. Donnellan	
STREET ADDRESS	1275 Southport Drive	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert I. Donnellan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-8-00 941-349-1233

CR2E037 (5/00)