

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736618

1. Entity Name

ROYAL PALM HARBOR ASSOCIATION

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90062 044 ****61.25

Principal Place of Business

1275 SOUTHPORT DRIVE
SARASOTA FL 34242

Mailing Address

1275 SOUTHPORT DRIVE
SARASOTA FL 34242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1712139

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONNELLAN, ROBERT I
1275 SOUTHPORT DRIVE
SARASOTA FL 34242

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME HAYS, JOHN
STREET ADDRESS 1224 NORTHPORT DRIVE
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME SCHRAMM, JOSEPH
STREET ADDRESS 1232 NORTH PORT DRIVE
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME DONNELLAN, ROBERT I
STREET ADDRESS 1275 SOUTHPORT DRIVE
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GRAY, LESLIE
STREET ADDRESS 1280 NORTHPORT DRIVE
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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* Robert I. Donnellan 1-20-01 941-349-1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)