

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90087 019 ****61.25

DOCUMENT # 736618

1. Entity Name
ROYAL PALM HARBOR ASSOCIATION



Principal Place of Business

**1275 SOUTHPORT DRIVE
SARASOTA FL 34242**

Mailing Address

**1275 SOUTHPORT DRIVE
SARASOTA FL 34242**

2. Principal Place of Business

**1201 Southport Dr
SARASOTA**

3. Mailing Address

**1201 Southport Drive
Suite, Apt. #, etc.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

SARASOTA FL

Zip

34242

Country

SARASOTA

Zip

34242

Country

SARASOTA

4. FEI Number **59-1712139**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEVITT, TAUBE L
1201 SOUTHPORT DR
SARASOTA FL 34242**

7. Name and Address of New Registered Agent

Name **HERBERT ROFFMAN**
Street Address (P.O. Box Number is Not Acceptable)
**1200 NORTHPORT DR.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Taube Levitt, Secretary 1-22-03**
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **SEAMAN, DAVID**
STREET ADDRESS **1227 SOUTHPORT DR**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **V** ☐ Delete
NAME **KLAUSNER, RUSSEL**
STREET ADDRESS **1216 NORTHPORT DR**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **P** ☐ Delete
NAME **SCHAMM, HOLLY**
STREET ADDRESS **1232 NORTHPORT DR**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **S** ☐ Delete
NAME **LEVITT, TAUBE L**
STREET ADDRESS **1201 SOUTHPORT DR**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **T** ☐ Delete
NAME **ROFFMAN, HERBERT**
STREET ADDRESS **1200 NORTHPORT DR**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **D** ☐ Delete
NAME **PETERSON, PETE**
STREET ADDRESS **1251 SOUTHPORT DR**
CITY-ST-ZIP **SARASOTA FL 34242**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Leslie GRAY**
STREET ADDRESS **PO BOX 35286**
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE **D** ☐ Change ☒ Addition
NAME **ALAN MERRINGTON**
STREET ADDRESS **1235 Southport Dr**
CITY-ST-ZIP **SARASOTA, FL 34242**

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

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

TITLE ☐ Change ☐ Addition
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 another like empowered.

SIGNATURE: **HERBERT ROFFMAN**

1-22-03 941-587-7774

CR2E037 (10/02)