2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # 753382 1. Entity Name OAKS ROYAL MOBILE HOME SUBDIVISION HOMEOWNERS ASSOCIATION, INC.					2		ary 01 50 3 90232 019 ****6	
Principal Place of Business 5337 ASTRID DRIVE ZEPHYRHILLS, FL 33541		Mailing Address 5337 ASTRID DRIVE ZEPHYRHILLS, FL 33541						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03062008	Chg-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number 59-2232			Applied For Not Applicable
Zip	Country	Zip	Count	try	5. Certificate of	of Status Desired	\$8.75 A	
·	6. Name and Address of Curre	nt Registered Agent			7. Name and	Address of New	v Registered Agent	
CLARK, CONSTANCE M		Name T			seph B	losk no	ll .	
5312 SEVILLE DR. ZEPHYRHILLS, FL 33541		Street Address		Street Address (I	P.Ø. Box Number	r is Not Accepte	ble)	
	*			364	ephyph://s FL 3354/			
• •		City		City	1. 10h:11.	•	FL Zip Ci	
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 Supply Signature, pied or printed name of registered agent applicable. (NOTE: Registered Agent signature registered when reinstating) OATE								
0	Signature, boad or printed name of registered ag	ent and use if applicable. (NO	TE: Registered A	gent signature regalred	when reinstating)		DATE	
0	Filling Fee is \$81.25 Due by May 1, 2008	9. Election Ca		ancing	\$5.00 May Be Added to Fees	,	DATE Make check payable lorida Department of	
10.	Filing Fee is \$61.25	9. Election Ca Trust Fund	ampaign Fina	ancing	\$5.00 May Be Added to Fees	F	• •	State
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The evy certify that the information supplied with this litting does not qualify for the exemptions contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTER PRACE OF SIGNING OFFICER OR DIRECTOR 129 Date 1 Date 1 Dayling Prova #

ATTACHMENT

Deletion

Priscille Roy 5241 Seville Drive Zephyrhills, FL 33541 H0090858 #75338Q

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