FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 11 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **755442** **(1)**

1. Corporation Name

ROYAL OAK VILLAGE PATIO HOMES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
700 - 900 BAY DRIVE P.O.BOX 837 NICEVILLE FL 32578	700 - 900 BAY DRIVE P.O.BOX 837 NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/09/1980**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1480047** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 700-900 BAY DR.	26 700-900 BAY DR.
Suite, Apt. #, etc 22 P.O. BOX 5134	Suite, Apt. #, etc 27 P.O. BOX 5134
City & State 23 NICEVILLE, FL	City & State 28 NICEVILLE, FL.
Zip 24 32578	Zip 29 32578
County 25 OKAL.	County 30 OKAL.

9. Name and Address of Current Registered Agent

MOORE, BERT EDWARD
102 BAYSHORE DR.
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (If not Registered Agent, signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	JERNIGAN, RAE	12 NAME	LEIDY, FRANCIS	
STREET ADDRESS	900 BAY DRIVE #53	13 STREET ADDRESS	800 BAY DR #24	
CITY ST ZIP	NICEVILLE, FL 00000	14 CITY ST ZIP	NICEVILLE FL 32578	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	PITTS, FREDERICK A.	22 NAME		
STREET ADDRESS	800 BAY DRIVE, #17	23 STREET ADDRESS		
CITY ST ZIP	NICEVILLE FL	24 CITY ST ZIP		
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	EASTERLING, WILLIAM J	32 NAME	LUMSDEN, CAROL	
STREET ADDRESS	900 BAY DRIVE #48	33 STREET ADDRESS	700 BAY DRIVE #1003	
CITY ST ZIP	NICEVILLE FL	34 CITY ST ZIP	NICEVILLE FL 32578	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	EASTERLING, JOANN	42 NAME		
STREET ADDRESS	900 BAY DRIVE, #48	43 STREET ADDRESS		
CITY ST ZIP	NICEVILLE FL	44 CITY ST ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	PALEY, NORMA L.	52 NAME	DICKEY, WILLIAM	
STREET ADDRESS	800 BAY DRIVE, #7	53 STREET ADDRESS	900 BAY DRIVE #31	
CITY ST ZIP	NICEVILLE FL	54 CITY ST ZIP	NICEVILLE FL 32578	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Catherine Easterling Vice 5-6-95 904 897 5208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

007267