

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 755442 (1)

1. Corporation Name

ROYAL OAK VILLAGE PATIO HOMES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

700 - 900 BAY DRIVE
NICEVILLE FL 32578
US

700 - 900 BAY DRIVE
NICEVILLE FL 32578
US

3. Date Incorporated or Qualified
12/09/1980

3a. Date of Last Report
05/11/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
26 P O BOX 5134
Suite, Apt. #, etc.

22 City & State
27 City & State

23 Zip
28 NICEVILLE FL
Zip
29 32578
Country
30 US

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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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, BERT EDWARD
102 BAYSHORE DR.
NICEVILLE FL 32578

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature of Special Agent in Charge of registered agent and filer (if applicable)

Signature of Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
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12 NAME
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CITY-ST-ZIP
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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)(k), 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:

Joann Easterling

JO-ANN EASTERLING

1-18-96

(904) 897-5208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

DATE

Daytime Phone #

CR2E037 (12/95)