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**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90026 008 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 755442**

1. Corporation Name

**ROYAL OAK VILLAGE PATIO HOMES ASSOCIATION, INC.**

Principal Place of Business

700 - 900 BAY DRIVE  
NICEVILLE FL 32578  
US

Mailing Address

P. O. BOX 5134  
NICEVILLE FL 32578  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date incorporated or Qualified

12/09/1980

4. FEI Number

59-1480047

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BROWN, EDWIN C  
STREET ADDRESS 800 BAY DR #9  
CITY-ST-ZIP NICEVILLE FL

☐ DELETE

TITLE VD  
NAME RIVERS, RICHARD  
STREET ADDRESS 900 BAY DR #39  
CITY-ST-ZIP NICEVILLE FL

☐ DELETE

TITLE SD  
NAME WHITEHOUSE, NANCY  
STREET ADDRESS 700 BAY DR #1006  
CITY-ST-ZIP NICEVILLE FL

☐ DELETE

TITLE TD  
NAME EASTERLING, JOANN  
STREET ADDRESS 900 BAY DRIVE, #48  
CITY-ST-ZIP NICEVILLE FL

☒ DELETE

TITLE D  
NAME PADGET, NORMAN  
STREET ADDRESS 700 BAY DR #1005  
CITY-ST-ZIP NICEVILLE FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**TD  
PALEY, ROBERT D  
800 BAY DRIVE #7  
NICEVILLE FL**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**D  
MARLIN T GRIFFIN  
900 BAY DRIVE #31  
NICEVILLE FL**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

**SIGNATURE:**

*Robert D. Paley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan. 28, 1999*  
Date

*897-1194*  
Daytime Phone #

CR2E037 (1/98)