## 2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 12, 2002 8:00 am Secretary of State **DOCUMENT # 755442** 1. Entity Name ROYAL OAK VILLAGE PATIO HOMES ASSOCIATION, INC. 05-12-2002 90643 001 \*\*\*\*61.25 Principal Place of Business Mailing Address 700 - 900 BAY DRIVE P. O. BOX 5134 NICEVILLE FL 32578 NICEVILLE FL 32578 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1480047 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent - --7.-Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MOORE, BERT EDWARD 4677 E HIGHWAY 20 NICEVILLE FL 32578 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TD Delete TITLE (9/04) TITLE Change ☐ Addition PALEY, ROBERT D NAME NAME STREET ADDRESS 800 BAY DR #7 STREET ADDRESS CITY-ST-ZIP NICEVILLE FL 32578 CITY-ST-ZIP PD Delete TITLE ☐ Change ☐ Addition RIVERS. RICHARD NAME NAME STREET ADDRESS 900 BAY DR #39 STREET ADDRESS CITY-ST-ZIP NICEVILLE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SMITH, GAYLE NAME NAME STREET ADDRESS 900 BAY DR # 46 STREET ADDRESS CITY-ST-ZIP NICEVILLE FL 32578 CITY-ST-ZIP TIT1 F ☐ Delete TITLE ☐ Change ☐ Addition GRISWELL, ROBERT NAME NAME STREET ADDRESS 800 BAY DR # 11 STREET ADDRESS CITY-ST-7IP NICEVILLE FL 32578 CITY-ST-ZIP VD TITLE √D Delete TITLE Change Addition VDNAME REESE, CHARLES NAME STREET ADDRESS 800 BAY DR # 25 STREET ADDRESS BRUNKOW WITH TAM CITY-ST-ZIP NICEVILLE FL 32578 CITY-ST-ZIP 900 BAY DRIVE, #55 TITLE NICEVILLE FL ☐ Delete TITLE Change Addition

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 all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Galy &

850 897 5208 , 23<sub>,</sub> 2002