FILED
May 27, 2003 8:00 am
Secretary of State
05-01-2003 90821 035 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755814

1. Entity Name
ROYAL POINCIANA GARDENS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

55043772

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2. Principal Place of Business	3. Mailing Address
3900 Clark Road	3900 Clark Road
Suite, Apt. #, etc. Suite L-1	Suite, Apt. #, etc. Suite L-1
City & State Sarasota, FL	City & State Sarasota, FL
Zip 34233 Country USA	Zip 34233 Country USA

4. FEI Number 14-1858263 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Harlan R. Domber

Street Address (P.O. Box Number is Not Acceptable): 3900 Clark Road

Suite L-1

City: Sarasota FL Zip Code: 34233

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 _____ Harlan R. Domber 03/09/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	~~P/D~~
NAME	~~Ouseley, Frederick~~
STREET ADDRESS	~~2917 Rosewood Place~~
CITY-ST-ZIP	~~Sarasota, FL 34239~~

Removed & Replaced

TITLE	PRESIDENT / Director
NAME	ANTHONY DITOMASO
STREET ADDRESS	2800 BAHIA VISTA ST. #400
CITY-ST-ZIP	SARASOTA, FL 34239

TITLE	DIRECTOR
NAME	ANDREW DITOMASO
STREET ADDRESS	916 MACEWEN DRIVE
CITY-ST-ZIP	OSPREY, FL 34229-9294

TITLE	DIRECTOR
NAME	ROBERT WENZEL CPA
STREET ADDRESS	2801 FRUITVILLE RD. STE 135
CITY-ST-ZIP	SARASOTA, FL 34236

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Anthony DiTomaso (President) 4/7/2003 (941-378-0617)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #