

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770527** (0)
1. Corporation Name

ROYAL OAKS TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business 5525 CHARBAR DR PENSACOLA FL 32526	Mailing Address 5525 CHARBAR DR PENSACOLA FL 32526-6528
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2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 09/30/1983	3a. Date of Last Report 03/04/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE		Applied For <input checked="" type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILKINS, STARA D.
5525 CHARBAR DR
PENSACOLA FL 32506**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SMITH, WILLIAM D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD ARMENTROUT IRENE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3476 HILLSIDE AVE	1.2 NAME	2060 SCENIC HWY
STREET ADDRESS	GULF BREEZE FL	1.3 STREET ADDRESS	PENSACOLA, FL 32503
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD ARMENTROUT, IRENE <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	1400 WISTERIA AVE 2060 SCENIC HWY	2.2 NAME	
STREET ADDRESS	PENSACOLA FL 32503	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD WILKINS, STARA <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	5525 CHARBAR DR	3.2 NAME	
STREET ADDRESS	PENSACOLA, FL 32526	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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; that I received no compensation for receiving or executing this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 as change of or an addition with an address.

SIGNATURE:

Stara Wilkins

5 FEB 97 924 944 4781

CR2E037 (9/96)