

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90040 005 ****61.25

0019638

DOCUMENT # 770840

1. Entity Name

ROYAL OAK VILLAS HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

1950 BLUEWATER BLVD.
 NICEVILLE FL 32588-6981

Mailing Address

1950 BLUEWATER BLVD.
 NICEVILLE FL 32588-6981

2. Principal Place of Business

4400 Highway 20 E

Suite, Apt. #, etc.

Suite 313

3. Mailing Address

PO Box 5263

Suite, Apt. #, etc.

City & State

Niceville FL

City & State

Niceville FL

Zip

32578

Country

USA

Zip

32578

Country

USA

4. FEI Number

59-2594766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COOK, BILL
 100 BAY DRIVE #521
 NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name **Patricia Donaldson**

Street Address (P.O. Box Number is Not Acceptable)

4400 Highway 20 E Suite 313

City **Niceville FL 32**

FL

Zip Code **32578**

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

Patricia Donaldson

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

(NOTE: Registered Agent signature required when reinstating)

4/24/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDSTROM, ANDREW 1000 BAY DR, #524 NICEVILLE FL 32578	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YATES, CONCHITA 922 RIDGEWOOD WAY NICEVILLE FL 32578	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOK, BILL 1000 BAY DR, #521 NICEVILLE FL 32578	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Ron Patrick 1000 Bay Drive #521 Niceville FL 32578	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Midge Cook 1000 Bay Drive #521 Niceville FL 32578	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01

Date

850-897-4400

Daytime Phone #

CR2E037 (10/00)