2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#770840

FILED Apr 26, 2004 Secretary of State

Entity Name: ROYAL OAK VILLAS HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4400 HIGHWAY 20 E SUITE 313

NICEVILLE, FL 32578 US

Current Mailing Address: New Mailing Address:

P O BOX 5263

NICEVILLE, FL 32578 US

FEI Number: 59-2594766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DONALDSON, PATRICIA
4400 HIGHWAY 20 E
5UITE 313
NICEVILLE, FL 32578 US
DELBELLO, THOMAS J
1000 BAY DRIVE #525
NICEVILLE, FL 32578 US

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: THOMAS DELBELLO 04/26/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: PD (X) Change () Addition Name: LINDSTROM, ANDREW LINDSTROM, ANDREW

 Name:
 EINDSTROM, ANDREW

 Address:
 1000 BAY DR, #524
 Address:
 1000 BAY DR, #524

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:
 NICEVILLE, FL 32578

Title: PD () Delete Title: TD (X) Change () Addition Name: PATRICK, RON Name: DELBELLO, THOMAS J

 Name:
 PATRICK, RON
 Name:
 DELBELLO, THOMAS J

 Address:
 1000 BAY DRIVE #529
 Address:
 1000 BAY DRIVE #525

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:
 NICEVILLE, FL 32578

 $\label{eq:title:std} \mbox{Title:} \qquad \mbox{STD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{(X) Change () Addition}$

 Name:
 DELBELLO, THOMAS J
 Name:
 BURMAN, LINDA J

 Address:
 100 BAY DRIVE #525
 Address:
 100 BAY DRIVE #509

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:
 NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA BURMAN SD 04/26/2004