

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90080 039 ***150.00

DOCUMENT # H50360

1. Entity Name

ROYAL PALMS HOME OWNERS, INC.



Principal Place of Business

8705 S. TAMiami TRAIL
TREAS. #45
SARASOTA FL 34238
US

Mailing Address

8705 S. TAMiami TR., #42
ROYAL PALM MHP
SARASOTA FL 34238
US

34010162



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#104

City & State

City & State

4. FEI Number

59-2787058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEHR, MARGARET L
8705 S. TAMiami TR., #42
SARASOTA FL 34238

Name

HUBBLE Finch #39

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

8705 S. TAMiami Tr.

City

SARASOTA FL.

FL

Zip Code

34238

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

Hubble Finch

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME WEHR, MARGARET L
STREET ADDRESS 8705 S. TAMiami TR., #42
CITY-ST-ZIP SARASOTA FL 34238

TITLE P ☒ Change ☐ Addition
NAME HUBBLE FINCH #39
STREET ADDRESS 8705 S. TAMiami Tr.
CITY-ST-ZIP SARASOTA FL 34238

TITLE VP ☐ Delete
NAME ALONGE, CARMELO
STREET ADDRESS 8705 S. TAMiami TR., #26
CITY-ST-ZIP SARASOTA FL 34238

TITLE VP ☒ Change ☐ Addition
NAME FRANK ZIER #75
STREET ADDRESS 8705 S. TAMiami Tr.
CITY-ST-ZIP SARASOTA FL 34238

TITLE S ☐ Delete
NAME ZIER, BARBARA
STREET ADDRESS 8705 S. TAMiami TR., #129
CITY-ST-ZIP SARASOTA FL 34238

TITLE S ☒ Change ☐ Addition
NAME SALLY CAMP #45
STREET ADDRESS 8705 S. TAMiami Tr.
CITY-ST-ZIP SARASOTA FL 34238

TITLE T ☐ Delete
NAME TINTI, ROSEMARIE
STREET ADDRESS 8705 S. TAMiami TR., #55
CITY-ST-ZIP SARASOTA FL 34238

TITLE T ☒ Change ☐ Addition
NAME VIRGINIA Schlaffer #104
STREET ADDRESS 8705 S. TAMiami Tr.
CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

Hubble Finch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-04