## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001740

Apr 25, 2007 Secretary of State

Entity Name: ROYAL OAKS OF SEMINOLE COUNTY HOMEOWNERS ASSOCIATION, INC.

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

1600 WEST COLONIAL DRIVE ORLANDO, FL 32804

**Current Mailing Address: New Mailing Address:** 

PO BOX 531010 ORLANDO, FL 328531010 US

FEI Number: 59-3726716 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:

THE MELROSE MGMT GROUP 1600 WEST COLONIAL DRIVE

HANSON, JACK 1600 WEST COLONIAL DRIVE ORLANDO, FL 32804 ORLANDO, FL 32804

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: JACK HANSON 04/25/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition ZAMBRANO, MANNY ZAMBRANO, MANNY Name: Name:

1586 EARHART LANE Address: 1586 EARHART LANE Address: City-St-Zip: CASSELBERRY, FL 32707 US City-St-Zip: CASSELBERRY, FL 32707 US

Title: VΡ Title: DVP () Delete (X) Change ( ) Addition

ECK, JIM Name: ECK, JIM Name:

Address: 1405 WAUKON CIRCLE Address: 1405 WAUKON CIRCLE City-St-Zip: CASSELBERRY, FL 32707 US City-St-Zip: CASSELBERRY, FL 32707 US

Title: () Delete Title: DT/S (X) Change ( ) Addition

NAYLON, TIM TELEP, PETER Name: Name: 1385 WAUKON CIRCLE Address: Address: 1445 WAUKON CIRCLE City-St-Zip: CASSELBERRY, FL 32707 US City-St-Zip: CASSELBERRY, FL 32707 US

Title: (X) Delete Title: () Change () Addition

Name: BUFFINGTON, BOB Name: 863 NONASTONE RUN Address: Address: City-St-Zip: CASSELBERRY, FL 32707 US City-St-Zip:

Title: (X) Delete Title: () Change () Addition

TELEP, PETER Name: Name: 1445 WAUKON CIRCLE Address: Address: City-St-Zip: CASSELBERRY, FL 32707 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MANNY ZAMBRANO DP 04/25/2007

Electronic Signature of Signing Officer or Director

Date