

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22522

FILED  
Apr 17, 2007  
Secretary of State

**Entity Name:** MOUNT ROYAL ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 423  
132 WILLIAM BARTRAM DRIVE  
WELAKA, FL 32193

**New Principal Place of Business:**

132 WILLIAM BARTRAM DRIVE  
WELAKA, FL 32193

**Current Mailing Address:**

P O BOX 423  
WELAKA, FL 32193

**New Mailing Address:**

**FEI Number:** 59-2960995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLEN, HENRY L  
POST OFFICE BOX 1093  
132 WILLIAM BARTRAM DRIVE  
WELAKA, FL 32193 US

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

ALLEN, HENRY L  
132 WILLAM BARTRAM DRIVE  
WELAKA, FL 32193 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:

04/17/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ALLEN, HENRY L  
Address: P.O. BOX 1093  
City-St-Zip: WELAKA, FL 32193

Title: V ( ) Delete  
Name: RINEHART, JERRY  
Address: P.O. BOX 397  
City-St-Zip: WELAKA, FL 32193

Title: T ( ) Delete  
Name: RHODES, CLEMENT  
Address: P.O. BOX 1100  
City-St-Zip: WELAKA, FL 32193

Title: S ( ) Delete  
Name: KRAAN, MORGAN  
Address: P.O. BOX 12  
City-St-Zip: WELAKA, FL 32193

Title: D ( ) Delete  
Name: KENNEDY, TERRY  
Address: P.O. BOX 1311  
City-St-Zip: WELAKA, FL 32193

Title: D ( ) Delete  
Name: SNYDER, DAVID  
Address: PO BOX 672  
City-St-Zip: WELAKA, FL 32193

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: CARTIN, G M II  
Address: P.O. BOX 881  
City-St-Zip: WELAKA, FL 32193

Title: S (X) Change ( ) Addition  
Name: OGONOWSKI, CARLA  
Address: P.O. BOX 593  
City-St-Zip: WELAKA, FL 32193

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PETERSON, AL  
Address: PO BOX 1269  
City-St-Zip: WELAKA, FL 32193

I hereby certify that the information supplied with this filing does not qualify for the 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: G M CARTIN II

T

04/17/2007

Electronic Signature of Signing Officer or Director

Date