

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22522

FILED
Jan 16, 2009
Secretary of State

Entity Name: MOUNT ROYAL ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

132 WILLIAM BARTRAM DRIVE
WELAKA, FL 32193

New Principal Place of Business:

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
132 WILLAM BARTRAM DRIVE
WELAKA, FL 32193 US

Name and Address of New Registered Agent:

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: _____

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: CARTIN, G M II
Address: P.O. BOX 881
City-St-Zip: WELAKA, FL 32193

Title: S () Delete
Name: OGONOWSKI, CARLA
Address: P.O. BOX 593
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: PETERSON, AL
Address: PO BOX 1269
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: () Change () Addition
Name:
Address:
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: G M CARTIN II

TRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date