

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25359** (3)
1. Corporation Name
THE PATIO HOMES OF ROYAL OAKS ASSOCIATION, INC.



Principal Place of Business
**P O BOX 969
INVERNESS FL 34451-7969**

Mailing Address
**P O BOX 969
INVERNESS FL 34451-7969**

3. Date Incorporated or Qualified
03/11/1988

3a. Date of Last Report
03/15/1995

2. Principal Place of Business
21 **2424 N. ESSEX AVE**

2a. Mailing Address
26 **2424 N. ESSEX AVE**

Suite, Apt. #, etc.
22

27

City & State
23 **HERNANDO, FL**

28 **HERNANDO, FL**

Zip Country
24 **34442** 25 **CITRUS**

29 **34442** 30 **CITRUS**

4. FEI Number
59-2875300

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GERRITS, EDWARD J II
3288 E THOMAS ST
INVERNESS FL 32650**

10. Name and Address of New Registered Agent

81 Name **ALVAH L. COX, JR., CPA, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)
2424 N. ESSEX AVE.

83

84 City **HERNANDO** FL 85 Zip Code **34442**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GERRITS, EDWARD J II	
STREET ADDRESS	6825 E DOWNING STREET	
CITY-ST-ZIP	INVERNESS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, PATRICK	
STREET ADDRESS	3238 E THOMAS ST	
CITY-ST-ZIP	INVERNESS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HAYNES, SHIRLEY A.	
STREET ADDRESS	3288 E THOMAS ST	
CITY-ST-ZIP	INVERNESS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT KLOTZBOEUCHER	
1.3 STREET ADDRESS	3526 S. BELGRAVE DR.	
1.4 CITY-ST-ZIP	INVERNESS, FL 34452	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN BRODERICK	
2.3 STREET ADDRESS	3534 S. BELGRAVE DR.	
2.4 CITY-ST-ZIP	INVERNESS, FL 34452	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN HORVATH	
3.3 STREET ADDRESS	6851 E. DOWNING ST.	
3.4 CITY-ST-ZIP	INVERNESS, FL 34452	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARIE ZAWALICH	
4.3 STREET ADDRESS	3524 S. BELGRAVE DR.	
4.4 CITY-ST-ZIP	INVERNESS, FL 34452	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ELEANOR HOPKINS	
5.3 STREET ADDRESS	6754 E. KINGSBURY LANE	
5.4 CITY-ST-ZIP	INVERNESS, FL 34452	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X** *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/15/96 **X** 352-637-9037
Date Daytime Phone #

CR2E037 (12/95)