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Mar 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
**2424 N. ESSEX AVENUE
HERNANDO FL 34442
US**
Mailing Address
**2424 N ESSEX AVENUE
HERNANDO FL 34442-5320
US**3. Date Incorporated or Qualified
03/11/1988
3a. Date of Last Report
03/26/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2875300		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COX JR., CPA PA A
2424 NORTH ESSEX AVENUE
HERNANDO FL 34442**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	KLOTZBEUSHER, ROBERT	1.2 NAME	GERARD THOMPSON
STREET ADDRESS	3526 S BELGRAVE DRIVE	1.3 STREET ADDRESS	680 S. DOWNING ST.
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	VPD	2.1 TITLE	VPD
NAME	BRODERICK, JOHN	2.2 NAME	WILLIAM LESKO
STREET ADDRESS	3534 S BELGRAVE DRIVE	2.3 STREET ADDRESS	3570 S. BELGRAVE DR.
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	VPD	3.1 TITLE	
NAME	HORVATH, JOHN	3.2 NAME	
STREET ADDRESS	6851 E DOWNING STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	ZAWALICH, MARIE	4.2 NAME	
STREET ADDRESS	3524 S BELGRAVE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	HOPKINS, ELEANOR	5.2 NAME	
STREET ADDRESS	6754 E. KINGSBURY LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Marie Zawalich* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TREAS. **3/19/97 352-746-1400**
Date Daytime Phone # **0085182**

CR2E037 (9/96)