

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25359

1. Entity Name

THE PATIO HOMES OF ROYAL OAKS ASSOCIATION, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90078 043 ****61.25

Principal Place of Business

Mailing Address

2424 N. ESSEX AVENUE
HERNANDO FL 34442
US

2424 N ESSEX AVENUE
HERNANDO FL 34442-5320
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2875300

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME THOMPSON, GERARD
STREET ADDRESS 680 S. DOWNING ST.
CITY-ST-ZIP INVERNESS FL

TITLE VPD ☐ Change ☒ Addition
NAME CORT WATROUSE
STREET ADDRESS 3578 S. BELGRAVE DR.
CITY-ST-ZIP INVERNESS, FL 34452

TITLE VPD ☐ Delete
NAME O'BLOCK, PATRICK
STREET ADDRESS 6699 E. KINGSBURY LANE
CITY-ST-ZIP INVERNESS FL 34452

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ZAWALICH, MARIE
STREET ADDRESS 3524 S. BELGRAVE DRIVE
CITY-ST-ZIP INVERNESS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marie Zawalich* **MARIE ZAWALICH** x 2/15/00 352-726-0893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)