

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90075 003 \*\*\*\*61.25

**DOCUMENT # N42232**

1. Entity Name

**ROYAL VIEW ESTATES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

13211 OLESEN COURT  
CLERMONT FL 34711

Mailing Address

13211 OLESEN COURT  
CLERMONT FL 34711

2. Principal Place of Business

12810 Katherine Circle

Suite, Apt. #, etc.

3. Mailing Address

12810 Katherine Circle

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clermont, FL

City & State

Clermont, FL

4. FEI Number

59-3680828

Applied For

Not Applicable

Zip

34711

Country

U.S.A.

Zip

34711

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OLESEN, PAUL S  
13211 OLESEN COURT  
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

Carsten Dahl

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

12810 Katherine Circle

City

Clermont

FL

Zip Code

34711

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]*

Carsten Dahl President

2/6/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILINGS 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

TITLE PD  
NAME OLESEN, PAUL S  
STREET ADDRESS 13211 OLESEN COURT  
CITY-ST-ZIP CLERMONT FL 34711 ☒ Delete

TITLE DV  
NAME HERWICK, MARY JANE  
STREET ADDRESS 13219 OLESEN COURT  
CITY-ST-ZIP CLERMONT FL 34711 ☒ Delete

TITLE TD  
NAME ALFORD, TAMARA  
STREET ADDRESS 12712 KATHERINE CIRCLE  
CITY-ST-ZIP CLERMONT FL 34711 ☒ Delete

TITLE SD  
NAME WEISS, LORETTA  
STREET ADDRESS 12629 KATHERINE CIRCLE  
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE ~~XXXXXXXXXX~~  
NAME ~~XXXXXXXXXX~~  
STREET ADDRESS ~~XXXXXXXXXX~~  
CITY-ST-ZIP ~~XXXXXXXXXX~~ ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President  
NAME Carsten Dahl (PD)  
STREET ADDRESS 12810 Katherine Circle  
CITY-ST-ZIP Clermont, FL 34711 ☐ Change ☒ Addition

TITLE Treasurer  
NAME Didier Jupillet (TD)  
STREET ADDRESS 12645 Katherine Circle  
CITY-ST-ZIP Clermont, FL 34711 ☐ Change ☒ Addition

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

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

Carsten Dahl President

Date

Daytime Phone #

CR2E037 (9/01)