2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State
07-12-2000 90015 025 ****61.25

DOCUMENT # N94000001179

1. Entity Name

ROYAL TOWN HOMES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2400 NW 97 AVE. PEMBROKE PINES FL 33024	9133 TAFT ST. STE 111 PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0563848 ☐ Applied For ☐ Not Applicable

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
MERINO, MICHAEL H 2879 S UNIVERSITY DR DAVIE FL 33328	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
After September 13, 2000 min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HERTSCH, CHRISTY 97228 NW 23RD CT PEMBROKE PINES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DIRECTOR GONZALO A. CRUZAT 9700 NW 23 COURT PEMBROKE PINES FL. 33024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MERINO, PATRICIA 2388 NW 97TH WAY PEMBROKE PINES FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REID, CYNTHIA 9719 NW 23RD CT PEMBROKE PINES FL 33024	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER DIRECTOR VIRGINIA HAMPE 9702 N.W. 23A COURT PEMBROKE PINES. FL 33024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

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: Patricia M. Merino REQUIRED PATRICIA MERINO 4/6/00 450 1420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #