

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 # N94000005568 (0)

1. Corporation Name

ROYALWOOD ESTATES AT KINGSBRIDGE VILLAGE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**877 LULLWATER DR
OVIEDO FL 32765**

**877 LULLWATER DR
OVIEDO FL 32765**

3. Date Incorporated or Qualified
11/10/1994

3a. Date of Last Report
06/23/1995

2. Principal Place of Business

2a. Mailing Address

21 818 LULLWATER

26 818 LULLWATER DR

4. FEI Number

59-3293118

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 OVIEDO, FL

28 OVIEDO, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip Country

24 32765 25 USA

Zip Country
29 32765 30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEWIS, RANDY J
877 LULLWATER DR
OVIEDO FL 32765**

81 Name

MARY HARGRAVE

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

83

818 LULLWATER DR

84 City

OVIEDO

FL

85 Zip Code

32765

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

Mary Hargrave

MARY HARGRAVE

3/31/96

(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	<input checked="" type="checkbox"/> DELETE
NAME	SPARKS, JOE	
STREET ADDRESS	815 ROYALWOOD LANE	
CITY-ST-ZIP	OVIEDO FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HARGRAVE, MARY	
STREET ADDRESS	818 LULLWATER DR	
CITY-ST-ZIP	OVIEDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, RANDY	
STREET ADDRESS	877 LULLWATER DR	
CITY-ST-ZIP	OVIEDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOLIN, SUE	
STREET ADDRESS	802 LULLWATER DR	
CITY-ST-ZIP	OVIEDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LAMARR SEADER	
1.3 STREET ADDRESS	914 LULLWATER DR	
1.4 CITY-ST-ZIP	OVIEDO, FL 32765	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT DELORENZO	
2.3 STREET ADDRESS	863 ROYALWOOD LN	
2.4 CITY-ST-ZIP	OVIEDO, FL 32765	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARY HARGRAVE	
3.3 STREET ADDRESS	818 LULLWATER DR	
3.4 CITY-ST-ZIP	OVIEDO, FL 32765	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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:

Mary Hargrave **MARY HARGRAVE**

3/31/96

407-366-3016

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E037 (12/95)