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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90065 037 \*\*\*\*61.25

DOCUMENT # N94000005568

1. Corporation Name

ROYALWOOD ESTATES AT KINGSBRIDGE VILLAGE ASSOCIATION, INC.

Principal Place of Business

818 LULLWATER  
OVIEDO FL 32765  
US

Mailing Address

818 LULLWATER DR  
OVIEDO FL 32765  
US



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

11/10/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-3293118

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAY, SHERRY  
890 LULLWATER DRIVE  
OVIEDO FL 32765

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

Cheryl H. Core Cheryl H. Core treasurer

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SPAZIANI, JOE

STREET ADDRESS 864 ROYALWOOD LANE

CITY-ST-ZIP OVIEDO FL

TITLE VD ☐ DELETE

NAME WHITWORTH, HALL

STREET ADDRESS 858 LULLWATER DRIVE

CITY-ST-ZIP OVIEDO FL

TITLE TD ☒ DELETE

NAME MAY, SHERRY

STREET ADDRESS 890 LULLWATER DRIVE

CITY-ST-ZIP OVIEDO FL

TITLE SD ☐ DELETE

NAME ROWE, RUTH

STREET ADDRESS 845 LULLWATER DRIVE

CITY-ST-ZIP OVIEDO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ruth Rowe REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99

Date

407-281-5454

Daytime Phone #

CR2E037 (11/98)

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