

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # N94000005568****1. Entity Name****ROYALWOOD ESTATES AT KINGSBRIDGE VILLAGE ASSOCIATION, INC.****Principal Place of Business****Mailing Address**

818 LULLWATER

818 LULLWATER DR

OVIEDO

FL

OVIEDO

FL

32765

US

32765

US

2. Principal Place of Business

760 LONG LAKE DRIVE

3. Mailing Address

760 LONG LAKE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OVIEDO

FL

City & State

OVIEDO

FL

Zip

32765

Country

US

Zip

32765

Country

US

4. FEI Number**59-3293118**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**MAY SHERRY
890 LULLWATER DRIVE

OVIEDO

FL

32765

US

7. Name and Address of New Registered AgentName
WALTERS TOM TREASStreet Address (P.O. Box Number is Not Acceptable)
760 LONG LAKE DRIVECity
OVIEDO

FL

Zip Code
32765**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 **TOM WALTERS**

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

(NOTE: Registered Agent signature required when reinstating.)

09/01/2000

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**TITLE SD ☐ Delete
NAME ROWE RUTH
STREET ADDRESS 845 LULLWATER DRIVE
CITY-ST-ZIP OVIEDO FLTITLE TD ☐ Delete
NAME CORE CHERYL
STREET ADDRESS 893 LULLWATER DR
CITY-ST-ZIP OVIEDO FLTITLE VD ☐ Delete
NAME WHITWORTH HALL
STREET ADDRESS 858 LULLWATER DRIVE
CITY-ST-ZIP OVIEDO FLTITLE PD ☐ Delete
NAME SPAZIANI JOE
STREET ADDRESS 864 ROYALWOOD LANE
CITY-ST-ZIP OVIEDO FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE SD ☒ Change ☐ Addition
NAME CORE CHERYL
STREET ADDRESS 893 LULLWATER DRIVE
CITY-ST-ZIP OVIEDO FL 32765TITLE TD ☒ Change ☐ Addition
NAME WALTERS TOM
STREET ADDRESS 760 LONG LAKE DRIVE
CITY-ST-ZIP OVIEDO FL 32765TITLE VD ☒ Change ☐ Addition
NAME GIAMBRUNO RICHARD
STREET ADDRESS 871 ROYALWOOD LANE
CITY-ST-ZIP OVIEDO FL 32765TITLE PD ☒ Change ☐ Addition
NAME SPAZIANI JOE
STREET ADDRESS 864 ROYALWOOD LANE
CITY-ST-ZIP OVIEDO FL 32765TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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.**