

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90014 022 ****80.00

DOCUMENT # N94000005568

1. Entity Name

ROYALWOOD ESTATES AT KINGSBRIDGE VILLAGE
ASSOCIATION, INC.



Principal Place of Business

760 LONG LAKE DRIVE
OVIEDO FL 32765
US

Mailing Address

760 LONG LAKE DRIVE
OVIEDO FL 32765
US

34017010



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

WALTERS, TOM TREAS
760 LONG LAKE DRIVE
OVIEDO FL 32765

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Thomas Walters

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

(NOTE: Registered Agent signature required when reinstating)

DATE

08 MARCH 2004

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SPAZIANI, JOE
STREET ADDRESS 864 ROYALWOOD LANE
CITY-ST-ZIP OVIEDO FL 32765 ☒ Delete

TITLE VD
NAME GIAMBRUNO, RICHARD
STREET ADDRESS 871 ROYALWOOD LANE
CITY-ST-ZIP OVIEDO FL 32765 ☒ Delete

TITLE TD
NAME WALTERS, TOM
STREET ADDRESS 760 LONG LAKE DRIVE
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

TITLE SD
NAME CORE, CHERYL
STREET ADDRESS 893 LULLWATER DRIVE
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Thomas Walters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08 MARCH 2004

Date

(407) 415-4748

Daytime Phone #