

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001628

1. Entity Name

ROYAL PALACE SUBDIVISION HOMEOWNER'S ASSOCIATION

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90017 013 ****61.25

Principal Place of Business

Mailing Address

200 W CENTRAL BLVD
 CAPE CANAVERAL FL 32920

200 W CENTRAL BLVD
 CAPE CANAVERAL FL 32920-3549

2. Principal Place of Business

1301 Palace Dr

3. Mailing Address

1301 Palace Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rockledge Fla

City & State

Rockledge Fla

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32955

Country

Brevard county

Zip

32955

Country

Brevard

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NASAJPOUR, A B
 200 W CENTRAL BLVD
 CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

Name

NASAJPOUR AB

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

1301 Palace Dr

City Rockledge

FL

Zip Code

32955

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: *Abdulhasan M. Al-Jarrah*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-2000

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	PD	<input type="checkbox"/> Delete
NAME	NASAJPOUR, A B	
STREET ADDRESS	200 W CENTRAL BLVD	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NASAJPOUR, AMIR	
STREET ADDRESS	200 W CENTRAL BLVD	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MASHAYEKH, ZOHREK	
STREET ADDRESS	200 W CENTRAL BLVD	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Abdulhasan M. Al-Jarrah*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-2000

Date

Daytime Phone #

CR2E037 (9/99)