FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 13, 2002 8:00 am DOCUMENT # N9700001628 **Secretary of State** 1. Entity Name 03-13-2002 90036 044 \*\*\*\*61.25 ROYAL PALACE SUBDIVISION HOMEOWNER'S ASSOCIATION . INC. Principal Place of Business Mailing Address 1301 PALACE DR 1301 PALACE DR ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NASAJPOUR, A B Street Address (P.O. Box Number is Not Acceptable) 1301 PALACE DR **ROCKLEDGE FL 32955** City Zip Code FL 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD (9/01) TITLE ☐ Delete TITLE ☐ Change Addition NASAJPOUR, A B NAME NAME 200 W CENTRAL BLVD CR2E037 STREET ADDRESS STREET ADDRESS CAPE CANAVERAL FL 32920 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NASAJPOUR, AMIR NAME NAME 200 W CENTRAL BLVD STREET ADDRESS STREET ADDRESS CAPE CANAVERAL FL 32920 CITY=ST=ZIP CITY-ST-ZIP. ☐ Change TITLE Delete ☐ Addition TITLE MASHAYEKH, ZOHREK NAME NAME 200 W CENTRAL BLVD STREET ADDRESS STREET ADDRESS Cape Canaveral FL 32920 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE T Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 ampowered 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.