

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90215 014 ****61.25

DOCUMENT # N97000004067

1. Entity Name
ROYAL PINES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**101 E TOWN PLACE
STE 200
ST AUGUSTINE FL 32092
US**

Mailing Address

**C/O MAY MGT
5455 A1A SOUTH
ST. AUGUSTINE FL 32080
US**

40006937



☐ CHECK HERE IF MAKING CHANGES

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 **59-3464427**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ARENAS, PATRICIA
101 E TOWN PLACE, STE 600
ST AUGUSTINE FL 32092**

7. Name and Address of New Registered Agent

Name **MAY-Management Services, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
475 West Town Place, Suite 116
City **St. Augustine** FL Zip Code **32092**

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 *James S. Shott* *J. Anne E. Shott* *1/14/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	DAVIDSON, JAMES E JR	
STREET ADDRESS	101 E TOWN PLACE, STE 200	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE	VID	☒ Delete
NAME	GIL, EDUARDO	
STREET ADDRESS	101 E TOWN PLACE, STE 200	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE	SD	☒ Delete
NAME	DAVIDSON, SHARON P	
STREET ADDRESS	101 E TOWN PLACE, STE 200	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE	D	☒ Delete
NAME	KEARNEY, ROBERT	
STREET ADDRESS	101 E TOWN PLACE, STE 200	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	☒ Change ☐ Addition
NAME	Davidson, Sharon	
STREET ADDRESS	101 East Town Place, Ste 200	
CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE	Treasurer	☒ Change ☐ Addition
NAME	Gil, Eduardo	
STREET ADDRESS	101 East Town Place, Ste. 200	
CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE	Vice President, Secretary	☒ Change ☐ Addition
NAME	Rick Pacioni	
STREET ADDRESS	101 East Town Place, Ste. 200	
CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE	D.	☒ Change ☐ Addition
NAME	Abbott, Claude	
STREET ADDRESS	408 Redbay Court	
CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE	D	☐ Change ☒ Addition
NAME	Tim Donovan	
STREET ADDRESS	704 Pinecrest Isle	
CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE		☐ 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.

SIGNATURE: **SIGNATURE REQUIRED**

1/15/03 904.940.5850

CR2E037 (10/02)