

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 12, 2001 8:00 am
Secretary of State

05-17-2001 91332 010 ****61.25

DOCUMENT # N98000005897

1. Entity Name

ROYAL OAKS OF KISSIMMEE CONDOMINIUM ASSOCIATION.

LA

Principal Place of Business

Mailing Address

5805 BLUE LAGOON DRIVE
 SUITE #480
 MIAMI FL 33128

~~5805 BLUE LAGOON DRIVE~~ *5075 West + Irvine*
~~SUITE #480~~ *Kissimmee FL 34746*
~~MIAMI FL 33128~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5075 West Irvine Bronson Hwy

3. Mailing Address

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

4. FEI Number

65-0870560

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip

34746

Country

Osceola

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROIZ, VIVIAN

5805 BLUE LAGOON DRIVE
 SUITE #480
 MIAMI FL 33128

Jeanne Kline
5075 West Irvine Bronson Hwy
Kissimmee FL 34746

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.

SIGNATURE

Jeanne Kline

JEANNE KLINE

6/8/01

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

NOTE: Registered Agent signature required when relinquishing.

DATE

**FILE NOW:
 FEE IS \$81.25**

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	D	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, JORGE	
STREET ADDRESS	5805 BLUE LAGOON DRIVE	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GALIANA, MARGARITA	
STREET ADDRESS	5805 BLUE LAGOON DRIVE	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROIZ, VIVIAN	
STREET ADDRESS	5805 BLUE LAGOON DRIVE	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	D	<input type="checkbox"/> Delete
NAME	John Ivester	
STREET ADDRESS	PO BOX 919	
CITY-ST-ZIP	Walhalla SC 29691-0919	
TITLE	D	<input type="checkbox"/> Delete
NAME	Judith Pizarro	
STREET ADDRESS	4131 SW 113th Court	
CITY-ST-ZIP	Miami FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	Ruth Dusseau	
STREET ADDRESS	18345 High Meadow Dr	
CITY-ST-ZIP	Brookfield WI 53045	

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

Judith Pizarro

4/30/01 305267-9660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (10/00)