

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90031 048 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000089431

1. Corporation Name  
ROYAL OAKS VILLAGE, INC.

Principal Place of Business  
1520 ROYAL PALM SQUARE BLVD. STE 360  
FORT MYERS FL 33919

Mailing Address  
1520 ROYAL PALM SQUARE BLVD. STE 360  
FORT MYERS FL 33919



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1998

4. FEI Number

65-0869809

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be -  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALLAGHER, SHELLEY A  
1205 MANATEE AVENUE WEST  
BRADENTON FL 34205

81 Name BOWEN A ARNOLD

82 Street Address (P.O. Box Number is Not Acceptable)  
1520-360 ROYAL PALM SQ BLVD.

84 City Ft Myers

FL

85 Zip Code 33919

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

BOWEN A ARNOLD

1/10/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME BOWEN A ARNOLD  
STREET ADDRESS 5201 Brooks Rd.  
CITY-ST-ZIP Ft Myers FLA 33905

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DVST  
NAME Eric C Miller  
STREET ADDRESS 12446 McGregor Woods Cir  
CITY-ST-ZIP Ft Myers FLA 33908

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DV  
NAME Gerald Wilson  
STREET ADDRESS 8003 LAUGHTON LANE  
CITY-ST-ZIP LOUISVILLE KY 40220

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BOWEN A ARNOLD

1/10/99

9412258029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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