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

PROFIT CORPORATION **ANNUAL REPORT**

1998

Block 12 or Block 13 if changed, or



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000080087 (6) DOCUMENT # 1. Corporation Name

ROYAL FLORIDIAN VILLAS, INC.

Principal Place of Business

Mailing Address

FILED Apr 28 1998 8:00am Secretary of State



3502 ACCESS ROAD. UNIT 4 3502 ACCESS ROAD, UNIT 4 ENGLEWOOD FL 34224 ENGLEWOOD FL 34224 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/16/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0622396 110 Sportsman Rd. Suite, Apt. #, etc. 110 Sportsman Rd Suite, Apt. #, etc. Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box 22 Fee Regulred City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Rotonda, Rotonda 8. This corporation owes or has paid the current year Intangible 25] 24 25 US 29 33047 9, Name and Address of Current Registered Agent 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 81 PETRAMALA, SHARON K <u>Sharon K. Petramala</u> 3502 ACCESS ROAD, UNIT 4 82 Street Address (P.O. Box Number is Not Acceptable) ENGLEWOOD FL 34224 110 Sportsman Rd. 83 84 City Zio Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1503 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and appear to the obligation of the obligat **SIGNATURE** 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change HAILES, KEITH NAME 1.2 NAME 3502 ACCESS ROAD, UNIT 4 STREET ADDRESS 1.3 STREET ADDRESS ENGLEWOOD FL 34224 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Addition NAME HAILES, JANE 2.2 NAME 3502 ACCESS ROAD, UNIT 4 STREET ADDRESS 2.3 STREET ADDRESS **ENGLEWOOD FL 34224** CITY-ST-7IP 2 4 CITY-ST-ZIP DELETE TITLE Change 3 1 TITLE Addition NAMË 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 THILE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE TITLE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 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 province of the corporation or trustee employee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in