


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90379 010 \*\*\*\*70.00

**DOCUMENT # 762163**

1. Entity Name  
**THE TRAILS AT ROYAL PALM BEACH, INC.**



Principal Place of Business  
**BANYAN PROPERTY MANAGEMENT**  
**2328 S CONGRESS AVE STE 1-C**  
**WEST PALM BEACH, FL 33406 US**

Mailing Address  
**BANYAN PROPERTY MANAGEMENT**  
**2328 S CONGRESS AVE STE 1-C**  
**WEST PALM BEACH, FL 33406 US**

40074667



2. Principal Place of Business  
**SAME AS BOX 1**

3. Mailing Address  
**1312 LAKEVIEW DR - EAST**

Suite, Apt. #, etc.  
**1312 LAKEVIEW DR - EAST**

04272006 Chg-NP CR2E037 (11/05)

City & State  
**ROYAL PALM BEACH FL**

City & State  
**ROYAL PALM BCH. FL**

Zip  
**33411**

Country  
**U.S.A.**

Zip  
**33411**

Country  
**USA.**

4. FEI Number  
**59-2191632**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**KRIVOK, JAMES N ESQ.**  
**% DICKER, KRIVOK & STOLOFF, P.A.**  
**1818 AUSTRALIAN AVENUE SOUTH, SUITE 400**  
**WEST PALM BEACH, FL 33409**

7. Name and Address of New Registered Agent

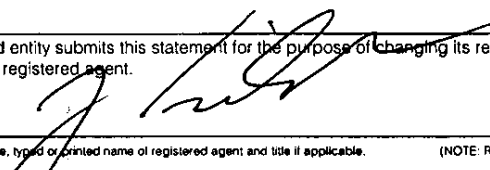
Name  
**GARY D. FIELDS**

Street Address (P.O. Box Number is Not Acceptable)  
**SUITE 400**  
**4400 PGA BLVD**

City  
**PALM BEACH GARDENS FL**

Zip Code  
**33410**

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  **4/27/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LLOYD, LOUISE 1303 LAKEVIEW DR EAST ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEVILLE, ADRIEN 2206 LAKEVIEW DR WEST ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERRARA, GLORIA 1304 LAKEVIEW DR WEST ROYAL PALM BCH, FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOCKWEILER, JACQUELINE 2303 LAKEVIEW DR WEST ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASON, JAMES 1107 LAKEVIEW DR - EAST ROYAL PALM BCH. FL. 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAYSON MICHELLE, SAGLER 11288 PERSIMMON BLVD ROYAL PALM BCH. FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAZIRI, REZA 602 LAKEVIEW DR - EAST ROYAL PALM BCH. FL. 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4/27/06** **561-793 0561**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #