2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90389 014 ****61.25

DOCUMENT # N00000000084

1. Entity Name
ROYAL ST. AUGUSTINE PARCEL OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
200 BUSINESS PARK CIRCLE SUITE 101 SAINT AUGUSTINE, FL 32095-8887 US	200 BUSINESS PARK CIRCLE SUITE 101 SAINT AUGUSTINE, FL 32095-8887 US

03292006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
475 WEST TOWN PLACE		475 WEST TOWN PLACE	
Suite, Apt. #, etc.: SUITE 200		Suite, Apt. #, etc.: SUITE 200	
City & State: ST. AUGUSTINE, FL.		City & State: ST. AUGUSTINE, FL	
Zip: 32092	Country: US	Zip: 32092	Country: US

4. FEI Number: 59-3631443 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MURPHY, PATRICK T
200 BUSINESS PARK CIR.
SUITE 101
SAINT AUGUSTINE, FL 32095

7. Name and Address of New Registered Agent

Name: MURPHY, PATRICK T
Street Address (P.O. Box Number is Not Acceptable): 475 WEST TOWN PLACE
SUITE 200
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 [signature] PATRICK MURPHY 3/30/06
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	MURPHY, PATRICK T		NAME	MURPHY, PATRICK T	
STREET ADDRESS	200 BUSINESS PARK CIR., STE 101		STREET ADDRESS	475 WEST TOWN PLACE, STE 200	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 320958887		CITY-ST-ZIP	ST. AUGUSTINE, FL 32092	
TITLE	VTD	☐ Delete	TITLE	VTD	☒ Change ☐ Addition
NAME	MURPHY, MICHAEL A		NAME	MURPHY, MICHAEL A	
STREET ADDRESS	200 BUSINESS PARK CIR., STE 101		STREET ADDRESS	475 WEST TOWN PLACE, STE 200	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 320958887		CITY-ST-ZIP	ST. AUGUSTINE, FL. 32092	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] PATRICK MURPHY 3/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #