

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000005877	
1. Entity Name ROYAL SEAESTA OWNERS ASSOCIATION, INC.	

Principal Place of Business 1986 SCENIC GULF DRIV #7 DESTIN, FL 32550	Mailing Address P O BOX 6175 DESTIN, FL 32550
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DO NOT WRITE IN THIS SPACE



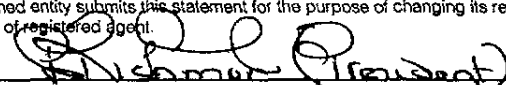
01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3670620	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROYAL SEAESTA HO ASSN, DIANNE RICHMOND 1986 SCENIC GULF DRIVE #7 DESTIN, FL 32550

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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, typed or printed name of registered agent and title if applicable	DATE: Feb 12 05 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

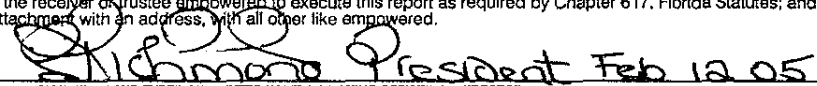
9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHMOND, DIANNE J 1986 SCENIC GULF DRIVE #7 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARROLL, WES 1986 SCENIC GULF DRIVE #12 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATTERSON, TED 1986 SCENIC GULF DRIVE #1 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1000000233016
02/17/05-80025-013 61.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: Feb 12 05	DAYTIME PHONE #: 850 650 2465
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