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	Mailing Address
1986 SCENIC GULF DRIV #7 DESTIN, FL 32550	P O BOX 6175 DESTIN, FL 32550

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01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3670620
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROYAL SEAESTA HO ASSN, DIANNE RICHMOND
1986 SCENIC GULF DRIVE #7
DESTIIN, 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 D Richmond President Feb 12 05
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RICHMOND, DIANNE J
STREET ADDRESS	1986 SCENIC GULF DRIVE #7
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	T
NAME	CARROLL, WES
STREET ADDRESS	1986 SCENIC GULF DRIVE #12
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	T
NAME	PATTERSON, TED
STREET ADDRESS	1986 SCENIC GULF DRIVE #1
CITY-ST-ZIP	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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02/17/05-80025-013 61.75

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12. 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 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: D Richmond President Feb 12 05 850 650 2465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #