


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90010 044 ****61.25

DOCUMENT # N00000006031					
1. Entity Name CASA ROYALE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 212765 ROYAL PALM BEACH, FL 33421-2765		Mailing Address P.O. BOX 212765 ROYAL PALM BEACH, FL 33421-2765			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRANER, THOMAS U 2000 GLADES RD SUITE 412 BOCA RATON, FL 33431			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P RACEY, STEVE 2605 LAKEVIEW DRIVE ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIANNONE, SAMANTHA 1707 LAKEVIEW DRIVE ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Elizabeth Dye <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1980 Lakeview Dr Royal Palm Beach, FL 33411		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, VICTORIA 1970 LAKEVIEW DRIVE ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARIANO, MARCEL 1808 LAKEVIEW DRIVE ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Derrick Peters <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1930 Lakeview Dr Royal Palm Beach, FL 33411		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dean Kershner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1603 Lakeview Dr. Royal Palm Beach, FL 33411		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: <i>Victoria Lewis</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 8/17/05 Daytime Phone #: 561-688-3117	

50062857



08182005 Chg-NP CR2E037 (10/03)

4. FEI Number 54-2154425 Applied For Not Applicable

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

Filing Fee is \$61.25 Due by September 7, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	P RACEY, STEVE 2605 LAKEVIEW DRIVE ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIANNONE, SAMANTHA 1707 LAKEVIEW DRIVE ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Elizabeth Dye <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1980 Lakeview Dr Royal Palm Beach, FL 33411		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, VICTORIA 1970 LAKEVIEW DRIVE ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARIANO, MARCEL 1808 LAKEVIEW DRIVE ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Derrick Peters <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1930 Lakeview Dr Royal Palm Beach, FL 33411		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dean Kershner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1603 Lakeview Dr. Royal Palm Beach, FL 33411		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: *Victoria Lewis* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 8/17/05 Daytime Phone #: 561-688-3117