


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 08:00 A
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



05052006 No Chg-NP CR2E037 (4/06)

4. FEI Number 54-2154425	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRANER, THOMAS U
 2000 GLADES RD
 SUITE 412
 BOCA RATON, FL 33431**

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

**Filing Fee is \$61.25
 Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RACEY, STEVE 2605 LAKEVIEW DRIVE ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DYE, ELIZABETH 1908 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETERS, DERRIK 1930 LAKEVIEW DR ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KERSHNER, DEAN 1603 LAKEVIEW DR ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/20/06-80119-005 61.25

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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: Victoria Lewis **Victoria Lewis** 5-3-06 561-688-3117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #