


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90170 027 \*\*\*\*61.25

**DOCUMENT # N02000007010**  
1. Entity Name  
**ROYAL PALMS OF ST. LUCIE, INC.**



Principal Place of Business      Mailing Address  
704 FLORIDA AVE.      704 FLORIDA AVE.  
FORT PIERCE FL 34950      FORT PIERCE FL 34950

2. Principal Place of Business      3. Mailing Address  
**.5792 NW COOSA DR.**      **5792 NW COOSA DR**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**PORT ST LUCIE FL**      **PORT ST LUCIE, FL**

Zip      Country      Zip      Country  
**34986**           **34986**           **34986**           **34986**

  
1st MOORE      CR2E037 (10/04)

4. FEI Number      Applied For  
**02-0643004**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CHEYNE, KRISTEN K**  
**704 FLORIDA AVE.**  
**FORT PIERCE FL 34950**

7. Name and Address of New Registered Agent  
Name **AIMEE AYCOCK**  
Street Address (P.O. Box Number is Not Acceptable)  
**5792 NW COOSA DRIVE**  
City **PORT ST LUCIE FL**      Zip Code **34986**

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 *Aimee Aycock*      DATE **4/28/05**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEES \$61.25**  
**Due By May 1, 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**

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | PD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | LLOYD, SARA          |  |
| STREET ADDRESS | 715 GEORGIA AVE      |  |
| CITY-ST-ZIP    | FORT PIERCE FL 34950 |  |
| TITLE          | PD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | SPRINGSTEEN, BECKY   |  |
| STREET ADDRESS | 711 BEACH COURT      |  |
| CITY-ST-ZIP    | FORT PIERCE FL 34950 |  |
| TITLE          | TD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | CHEYNE, KRISTEN      |  |
| STREET ADDRESS | 704 FLORIDA AVE.     |  |
| CITY-ST-ZIP    | FORT PIERCE FL 34950 |  |
| TITLE          | S                    | <input checked="" type="checkbox"/> Delete |
| NAME           | BLACKWELL, NIKKI     |  |
| STREET ADDRESS | 317 ST. LUCIE LANE   |  |
| CITY-ST-ZIP    | FORT PIERCE FL 34946 |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | PD                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | CAPEZZA JENNIE             |  |
| STREET ADDRESS | 2011 ESPLANADE NORTH       |  |
| CITY-ST-ZIP    | FT PIERCE FL 34982         |  |
| TITLE          | VPO                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | RANKIN, AMBER              |  |
| STREET ADDRESS | 1338 N. LAWNWOOD CIRCLE #3 |  |
| CITY-ST-ZIP    | FT PIERCE FL 34950         |  |
| TITLE          | TD                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | AYCOCK, AIMEE              |  |
| STREET ADDRESS | 5792 NW COOSA DRIVE        |  |
| CITY-ST-ZIP    | PORT ST. LUCIE FL 34986    |  |
| TITLE          | S                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | DAMS, EMILY                |  |
| STREET ADDRESS | 1204 KINGSWOOD LANE        |  |
| CITY-ST-ZIP    | FT. PIERCE FL 34982        |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

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: *Aimee Aycock*      Aimee Aycock      4/28/05      772-873-9099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #