


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90026 023 ****61.25

DOCUMENT # N02000007010			
1. Entity Name ROYAL PALMS OF ST. LUCIE, INC.		Principal Place of Business 5792 NW COOSA DR PORT SAINT LUCIE, FL 34986	
2. Principal Place of Business		Mailing Address 5792 NW COOSA DR PORT SAINT LUCIE, FL 34986	
Suite, Apt. #, etc.		3. Mailing Address PO Box 3353 Suite, Apt. #, etc.	
City & State		City & State Fort Pierce, FL	
Zip		Zip 34948	
Country		Country USA	
6. Name and Address of Current Registered Agent AYCOCK, AIMEE 5792 NW COOSA DR PORT SAINT LUCIE, FL 34986		4. FEI Number 02-0643004	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		01182006 Chg-NP CR2E037 (11/05)	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
Filing Fee is \$61.25 Due by May 1, 2006		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	PD CAPEEZA, JENNIE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2011 ESPLANADE N	NAME	
STREET ADDRESS	FORT PIERCE, FL 34982	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD RANKIN, AMBER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1538 N LAWNWOOD CIRCLE, #3	NAME	
STREET ADDRESS	FORT PIERCE, FL 34950	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD AYCOCK, AIMEE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5792 NW COOSA DR	NAME	
STREET ADDRESS	PORT SAINT LUCIE, FL 34986	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S DAVIS, EMILY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1204 KINGSWOOD LANE	NAME	
STREET ADDRESS	FORT PIERCE, FL 34982	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Aimee Aycock</i>		Aimee Aycock 1/19/06 7728739099	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	