


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90099 027 ****61.25

DOCUMENT # N02000007010

1. Entity Name
ROYAL PALMS OF ST. LUCIE, INC.



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01182007 Chg-NP CR2E037 (12/06)

Principal Place of Business
**5792 NW COOSA DR
 PORT SAINT LUCIE, FL 34986**

Mailing Address
**POB 3353
 FORT PIERCE, FL 34948**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
02-0643004

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

**AYCOCK, AIMEE
 5792 NW COOSA DR
 PORT SAINT LUCIE, FL 34986**

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

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 **PD** Delete
 NAME **CAPEEZA, JENNIE**
 STREET ADDRESS **2011 ESPLANADE N**
 CITY-ST-ZIP **FORT PIERCE, FL 34982**

TITLE **PD** Change Addition
 NAME **Aimee Aycock**
 STREET ADDRESS **5792 NW Coosa Dr**
 CITY-ST-ZIP **Port St Lucie, FL 34986**

TITLE **VD** Delete
 NAME **RANKIN, AMBER**
 STREET ADDRESS **1538 N LAWNWOOD CIRCLE, #3**
 CITY-ST-ZIP **FORT PIERCE, FL 34950**

TITLE Change Addition

TITLE **TD** Delete
 NAME **AYCOCK, AIMEE**
 STREET ADDRESS **5792 NW COOSA DR**
 CITY-ST-ZIP **PORT SAINT LUCIE, FL 34986**

TITLE **TD** Change Addition
 NAME **Monique Bruhn**
 STREET ADDRESS **4306 S US 1**
 CITY-ST-ZIP **Fort Pierce, FL 34982**

TITLE **S** Delete
 NAME **DAVIS, EMILY**
 STREET ADDRESS **1204 KINGSWOOD LANE**
 CITY-ST-ZIP **FORT PIERCE, FL 34982**

TITLE **S** Change Addition
 NAME **Janie Tausch**
 STREET ADDRESS **133 NW Byron St.**
 CITY-ST-ZIP **PSL, FL 34983**

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

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: *Aimee Aycock* **1/22/07** **7725284302**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #