

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90026 029 ****61.25

DOCUMENT # N03000006582
 1. Entity Name
 ROYAL TERRACE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 % HATCH & DOTY, P.A. 487 18TH ST
 1701 A-1-A HIGHWAY, SUITE 220 VERO BEACH, FL 32960
 VERO BEACH, FL 32963

40010661



01072005 No Chg-NP CR2E037 (10/03)

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4. FEI Number Applied For
 20-0153622 Not Applicable

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

6. Name and Address of Current Registered Agent

HATCH, IRA C ESQ.
 1701 A-1-A- HIGHWAY
 SUITE 220
 VERO BEACH, FL 32963

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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 May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PTD	SOMOZA, MYRNA	PD	MANN, GALE
NAME				
STREET ADDRESS		9400 SW 103RD STREET		477 18th St.
CITY-ST-ZIP		MIAMI, FL 33176		VERO Bch, FL 32960
TITLE	SVO	SOMOZA, MYRNA	VPD	LUEETHJE, MARIANNE
NAME				
STREET ADDRESS		9400 SW 103RD STREET		333 18th Pl
CITY-ST-ZIP		MIAMI, FL 33176		VERO Bch, FL 32960
TITLE	D.	HATCH, IRA C JR	TD	HEWETT, WILLIAM
NAME				
STREET ADDRESS		1701 A-1-A- HIGHWAY, SUITE 220		477 18th St.
CITY-ST-ZIP		VERO BEACH, FL 32963		VERO Bch, FL 32960
TITLE	SD	STEVENS, LINDA		
NAME				
STREET ADDRESS		471 18th St.		
CITY-ST-ZIP		VERO Bch, FL 32960		
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

DO NOT WRITE IN THIS SPACE

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: Linda S. Stevens, Secretary/Treasurer Date: 2/9/05 DayTime Phone #: (772) 778-1339

LINDA S. STEVENS