2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03000006582



FILED Feb 09, 2007 8:00 am Secretary of State 02-09-2007 90020 049 ****61.25

ROYAL TERRACE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.											
Principal Place of Business % HATCH & DOTY, P.A. 1701 A-1-A HIGHWAY, SUITE 220 VERO BEACH, FL 32963 Mailing Address 487 18TH ST VERO BEACH, FL 32960								12502 1111111111111111111111111111111111	A A I I I I	EMEN BAIDI (BAIR NA	IIRI AI HARI
2. Principal Pla	ace of Business - No P.O. Box #	ling Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01152007	Chg-NP	CR2E	037 (12/06)	
City & State		Cit	City & State				4. FEI Number 20-0153	622	•		plied For t Applicable
Zip	Country Z		ip Cou		ntry		5. Certificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Cur	rrent Registere	d Agent				7. Name and A	ddress of New	Registered	Agent	
HATCH, IRA C ESQ.					Name						
1701 A-1-A- HIGHWAY SUITE 220					Street Address (P.O. Box Number is Not Acceptable)						
VERO BEA			City				F	Zip Code	e		
	named entity submits this statem ons of registered agent.	ent for the purp	ose of changing its	s registere	d office or re	egister	ed agent, or both	in the State of F			and accept
	Signature, typed or printed name of registered	d agent and title if app	9. Election Ca	mpaign Fi	nancing _		when reinstating)			ck payable to	
	Due by May 1, 2007		Trust Fund	Contributio	эп.		Added to Fees	Flo	rida Depa	ertment of St	ate
10.		ID DIRECTORS		11.	· · ·	A	ADDITIONS/CHAI	NGES TO OFFICE	ER\$ AND E		
TITLE	PD MANN, GALE		☐ Delete	TITLE NAME						Change	Addition Addition
NAME STREET ADDRESS	473 18TH STREET				T ADORESS						
CITY-ST-ZIP	VERO BEACH, FL 32960		,		ST-ZIP						
	VPD LUIETHJE, MARIANNE 479 18TH STREET VERO BEACH, FL 32960		Deiete		T ADDRESS ST-ZIP	VP 50'46	D hn T. S 9 18 S7 10 Beac l	chaef- treet U FL 3.	fer 1960	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEVENS, LINDA 471 18TH ST VERO BEACH, FL 32960		□ Delete		T ADDRESS ST-ZIP	Qur Lin	etay/TO	éasure STEV	2 ENS	© Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		et adoress S1-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ordituthat the information qualif		☐ Delete	CITY-	T ADDRESS ST-ZIP		in Chapter 110		1 S. make	☐ Change	Addition

I hereby certify that the information supplied with this filling 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 eath; 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.