


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N04758 1. Entity Name 80 ROYAL PALM CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 80 ROYAL PALM POINTE, #404 VERO BEACH, FL 32960	Mailing Address 80 ROYAL PALM POINTE, #404 VERO BEACH, FL 32960
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DO NOT WRITE IN THIS SPACE



03042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2450816	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HALE, TERRI A
80 ROYAL PALM POINTE, #404
VERO BEACH, FL 32960

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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, 2008

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

U00000853892
 03/26/08 80086-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEFFEW, RICHARD 80 ROYAL PALM POINTE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALE, TERRI 80 ROYAL PALM POINTE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, JOHN D 80 ROYAL PALM POINTE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____