

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2009  
Secretary of State**

DOCUMENT# N06000008742

Entity Name: ROYAL FLORIDIAN SOUTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

53 S. ATLANTIC AVE.  
ORMOND BEACH, FL 32176

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6685  
HILTON HEAD, SC 29938 US

**New Mailing Address:**

FEI Number: 20-5053369      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, BRIAN M  
300 S. ORANGE AVE.  
STE. 1000  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

JONES, BRIAN M  
300 SOUTH. ORANGE AVE.  
STE. 1000  
ORLANDO, FL 32801 US

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.

SIGNATURE: \_\_\_\_\_ Date: 04/28/2009  
Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: TAYLOR, KENNETH E.  
Address: 53 S. ATLANTIC AVE.  
City-St-Zip: ORMOND BEACH, FL 32176

Title: DP ( ) Delete  
Name: WILLIAMS, THOMAS P.  
Address: 35 DEALLYON RD  
City-St-Zip: HILTON HEAD, SC 29928

Title: DTS ( ) Delete  
Name: MATTHEWS, BASIL W.  
Address: 59 POPE AVE  
City-St-Zip: HILTON HEAD, SC 29928

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DV (X) Change ( ) Addition  
Name: TAYLOR, KENNETH E PRES  
Address: 53 S. ATLANTIC AVE.  
City-St-Zip: ORMOND BEACH, FL 32176

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BASIL MATTHEWS      DTS      04/28/2009  
Electronic Signature of Signing Officer or Director      Date