


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90157 033 ****61.25

DOCUMENT # N29208

1. Entity Name
ROYAL WOOD SINGLE FAMILY HOMES ASSOCIATION, INC.



Principal Place of Business
**4300 ROYAL WOOD BLVD
 NAPLES, FL 34112 US**

Mailing Address
**4300 ROYAL WOOD BLVD
 NAPLES, FL 34112 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

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

City & State
 Zip Country

02222005 Chg-NP CR2E037 (10/03)



6. Name and Address of Current Registered Agent
**MOSER, ALBERT H
 3601 ROYAL WOOD BLVD.
 NAPLES, FL 34112-8838**

7. Name and Address of New Registered Agent
 Name **POPPENS, ARNOLD D.**
 Street Address (P.O. Box Number is Not Acceptable)
6046 WESTBOURGH DRIVE
 City **NAPLES** FL Zip Code **34112**

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 *Arnold Poppens* DATE **Feb 22, 2005**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARNEY, THOMAS J 6034 WESTBOURGH DR NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPPENS, ARNOLD 6046 WESTBOURGH DRIVE NAPLES, FL 34112 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOSER, ALBERT H 3601 ROYAL WOOD BLVD NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALDEN, DEAN J 5846 WESTBOURGH DRIVE NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPINDLER, HARRY 4510 ASHTON COURT NAPLES, FL 34112 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SPINDLER, HARRY 4510 ASHTON COURT NAPLES, FL 34112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D POPPENS, ARNOLD 6046 WESTBOURGH DRIVE NAPLES, FL 34112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D KELSON, CHARLES 3821 ROYAL WOOD BLVD. NAPLES, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, PAUL 3445 ROYAL WOOD BLVD. NAPLES, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, RICHARD 6062 WESTBOURGH DRIVE NAPLES, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Arnold Poppens* DATE: **Feb. 22, 2005** (239) 417-9122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #