


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90045 028 \*\*\*\*61.25

<b>DOCUMENT # N29208</b>					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0083827	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POPPENS, ARNOLD D 6046 WESTBOURGH DRIVE NAPLES, FL 34112			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPINDLER, HARRY		NAME		
STREET ADDRESS	4510 ASHTON COURT		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POPPENS, ARNOLD		NAME	POPPENS, ARNOLD	
STREET ADDRESS	6046 WESTBOURTH DRIVE		STREET ADDRESS	6046 WESTBOURGH DR.	
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	S/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELSON, CHARLES		NAME		
STREET ADDRESS	3821 ROYAL WOOD BLVD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDERS, PAUL		NAME		
STREET ADDRESS	3445 ROYAL WOOD BLVD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SPINDLER, HARRY		NAME	OPPERMAN, DANIEL	
STREET ADDRESS	4510 ASHTON COURT		STREET ADDRESS	4666 ASHTON CT.	
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, RICHARD		NAME		
STREET ADDRESS	6082 WESTBOURGH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP		
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: <i>Arnold D. Poppens / Arnold Poppens</i>			Date: Feb. 02, 2006 (239) 417-9122		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		