


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90024 005 ****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 - No P.O. Box #		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 <u>JUDITH M. MARGREY</u> Street Address (P.O. Box Number is Not Acceptable) <u>4539 ASHTON CT.</u> City <u>NAPLES</u> <u>FL</u> Zip Code <u>34112</u>	
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 <u>Judith M. Margrey</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3-11-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SPINDLER, HARRY 4510 ASHTON COURT NAPLES, FL 34112	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D POPPENS, ARNOLD 6046 WESTBOURTH DRIVE NAPLES, FL 34112	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D KELSON, CHARLES 3821 ROYAL WOOD BLVD NAPLES, FL 34112	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP SANDERS, PAUL HILDA GARD CARNEY 3445 ROYAL WOOD BLVD 6034 WESTBOURGH DR NAPLES, FL 34112 NAPLES FL 34112	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS POPPENS, ARNOLD 6046 WESTBOURGH DR NAPLES, FL 34112	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OPPERMAN, DANIEL JUDITH MARGREY 4666 ASHTON CT 4539 ASHTON CT NAPLES, FL 34112 NAPLES FL 34112	<input type="checkbox"/> Delete			
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: <u>Judith M. Margrey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>3-1-08</u> Daytime Phone # <u>H-239-774-0219</u> <u>W-239-643-2402</u>	