

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29208

FILED
Mar 03, 2009
Secretary of State

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

Current Principal Place of Business:

4300 ROYAL WOOD BLVD
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

4300 ROYAL WOOD BLVD
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 65-0083827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARGREY, JUDITH M
4539 ASHTON CT.
NAPLES, FL 34112y US

Name and Address of New Registered Agent:

MARGREY, JUDITH M TREAS.
4539 ASHTON CT.
NAPLES, FL 34112 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: JUDITH M. MARGREY

03/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPINDLER, HARRY
Address: 4510 ASHTON COURT
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: POPPENS, ARNOLD
Address: 6046 WESTBOURTH DRIVE
City-St-Zip: NAPLES, FL 34112

Title: S/D () Delete
Name: KELSON, CHARLES
Address: 3821 ROYAL WOOD BLVD
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: HILDAGARD, OARNEY
Address: 6034 WESTBOURGH DR.
City-St-Zip: NAPLES, FL 34112

Title: TD () Delete
Name: MARGREY, JUDITH
Address: 4539 ASHTON CT
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: POPPENS, ARNOLD
Address: 6046 WESTBOURGH DRIVE
City-St-Zip: NAPLES, FL 34112

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

Title: VP (X) Change () Addition
Name: HEISE, MAUREEN
Address: 4551 ASHTON COURT
City-St-Zip: NAPLES, FL 34112

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: JUDITH M. MARGREY

TD

03/03/2009

Electronic Signature of Signing Officer or Director

Date