2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# N96000004145

Entity Name: ROYAL PALM POINTE MERCHANTS ASSOCIATION, INC.

Current Principal Place of Business:

10 ROYAL PALM POINTE
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

10 ROYAL PALM POINTE
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 59-3394817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ERIC, JOHNSON
10 ROYAL PALM POINTE
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	JOHNSON, ERIC	
Address:	10 ROYAL PALM POINTE	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	D	( ) Delete
Name:	COOPER, BOB	
Address:	1 ROYAL PALM POINTE	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	D	( ) Delete
Name:	SMITH, JOHN DAVID	
Address:	49 ROYAL PALM POINTE	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	D	( ) Delete
Name:	DRITENBAS, PAUL U	
Address:	65 ROYAL PALM POINTE, STE D	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	TD	( ) Delete
Name:	JACKSON, JACK	
Address:	57 ROYAL PALM POINTE	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	D	( ) Delete
Name:	MATTHEWS, JOHN MICHAEL	
Address:	29 ROYAL PALM POINTE	
City-St-Zip:	VERO BEACH, FL 32960	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: ERIC JOHNSON PRES 02/22/2007

Electronic Signature of Signing Officer or Director — Date