

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Sep 30, 2004
Secretary of State**

DOCUMENT# N97000002373

Entity Name: ROYAL FLORIDIAN RESORT ASSOCIATION, INC.

Current Principal Place of Business:

51 S. ATLANTIC AVE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

51 S. ATLANTIC AVE
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 59-3485067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, BRIAN M
20 N. ORANGE AVE
STE 1000
ORLANDO, FL 32801

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: DVP () Delete
Name: COOPER, THOMAS DR.
Address: 826 GLENDOVER COVE
City-St-Zip: LEXINGTON, KY 40502

Title: DP () Delete
Name: TAYLOR, KENNETH E
Address: 101 POPE AVE
City-St-Zip: HILTON HEAD ISLAND, SC 29938

Title: DST () Delete
Name: MEADOWS, RICHARD W
Address: 56 OAKVIEW CIR
City-St-Zip: ORMOND BEACH, FL 321762842

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: COOPER, THOMAS DR.
Address: 826 GLENDOVER COVE
City-St-Zip: LEXINGTON, KY 40502

Title: DVP (X) Change () Addition
Name: RHEA, ALICE J
Address: 243 BRENTWOOD DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: DS (X) Change () Addition
Name: MEADOWS, RICHARD W
Address: 56 OAKVIEW CIR
City-St-Zip: ORMOND BEACH, FL 321762842

Title: DT () Change (X) Addition
Name: WILLIAMS, THOMAS P
Address: 35 DEALLYON ROAD
City-St-Zip: HILTON HEAD ISLAND, SC 29928

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS P. WILLIAMS

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09/30/2004

Electronic Signature of Signing Officer or Director

_____ Date