

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2006
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:

P.O. BOX 6685
HILTON HEAD ISLAND, SC 29938

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 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: COOPER, THOMAS DR.
Address: 826 GLENDOVER COVE
City-St-Zip: LEXINGTON, KY 40502

Title: DS () Delete
Name: RHEA, ALICE J
Address: 243 BRENTWOOD DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: DVP () Delete
Name: BROWN, STEVE
Address: 101 WEST MAIN STREET STE 200
City-St-Zip: LAKELAND, FL 33815

Title: DAT () Delete
Name: WILLIAMS, THOMAS P
Address: 35 DEALLYON ROAD
City-St-Zip: HILTON HEAD ISLAND, SC 29928

Title: DT () Delete
Name: LAWLER, JAMES
Address: 111106 S. W. 73RD CIRCLE
City-St-Zip: OCALA, FL 34476

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

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: DAS () Change (X) Addition
Name: LOWREY, KATHLEEN
Address: 4975 PINWOOD PLACE
City-St-Zip: COCOA, FL 32926

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: FRANK AMENDOLIA

CTR

04/28/2006

Electronic Signature of Signing Officer or Director

Date