


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90024 017 ****61.25

DOCUMENT # N97000002373

1. Entity Name
ROYAL FLORIDIAN RESORT ASSOCIATION, INC.



Principal Place of Business
51 S. ATLANTIC AVE
ORMOND BEACH, FL 32176

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

40102584



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04152008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-3485067

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JONES, BRIAN M
300 S. ORANGE AVE
STE 1000
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP COOPER, THOMAS DR. 826 GLENDOVER COVE LEXINGTON, KY 40502 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS RHEA, ALICE J 243 BRENTWOOD DRIVE LEESBURG, FL 34748 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP BROWN, STEVE 101 WEST MAIN STREET STE 200 LAKELAND, FL 33815 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DAS WILLIAMS, THOMAS P 35 DE ALLYON ROAD HILTON HEAD ISLAND, SC 29928 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT LAWLER, JAMES 5204 EAGLES PEAK WAY APT. 201 LOUISVILLE, KY 40241 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP LOWREY, KATHLEEN 4975 PINWOOD PLACE COCOA, FL 32926 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT Steve Swinsky 244 Madeira Circle Tallahassee, FL 32312 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

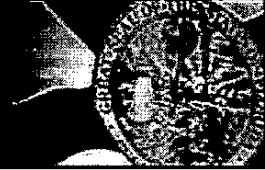
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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: Thomas P. Williams **4/4/08** **(843) 785-3355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst Secretary **843-5257**
Daytime Phone

40102584

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue the bottom to generate the annual report form.

** The document number, business name and file date cannot be changed on the report. **

Document Number N97000002373
 Business Entity Name ROYAL FLORIDIAN RESORT ASSOCIATION, INC.
 Original File Date 04/28/1997
 FEI Number 59-3485067
 Principal Address 51 S. ATLANTIC AVE
 ORMOND BEACH, FL 32176
 Mailing Address P.O. BOX 6685
 HILTON HEAD ISLAND, SC 29938
 Registered Agent BRIAN M JONES
 300 S. ORANGE AVE
 STE 1000
 ORLANDO, FL 32801

Officer/Director Name And Address

DP
 DR. THOMAS COOPER
 826 GLENDOVER COVE
 LEXINGTON, KY 40502 US

DS
 ALICE J RHEA
 243 BRENTWOOD DRIVE
 LEESBURG, FL 34748 US

DVP
 STEVE BROWN
 101 WEST MAIN STREET STE 200
 LAKELAND, FL 33815 US

DAS
 THOMAS P WILLIAMS
 35 DE ALLYON ROAD
 HILTON HEAD ISLAND, SC 29928

DT

*Steve Swirsky
 Swirsky
 844 Madeira Circle
 Tallahassee Fl
 32303
 32312*

ATTACHMENT

40102584

N97000002373

JAMES LAWLER
5204 EAGLES PEAK WAY APT. 201
LOUISVILLE, KY 40241 US

DVP
KATHLEEN LOWREY
4975 PINWOOD PLACE
COCOA, FL 32926 US

If all of the above
information is correct and
you do not wish to make
any changes, please
select:

No Changes

If you need to make
changes to the above
information, please
select:

Make Changes