

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 04, 2009
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, BRIAN M
300 S. 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: BRIAN M. JONES

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 US

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

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

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

Title: DT () Delete
Name: SWIRSKY, STEVE
Address: 844 MADEIRA CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: DVP () Delete
Name: LOWREY, KATHLEEN
Address: 4975 PINWOOD PLACE
City-St-Zip: COCOA, FL 32926 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: LESIZZA, ANNA
Address: 170 W. CRAIG AVE.
City-St-Zip: LAKE HELEN, FL 32744 US

Title: DVP (X) Change () Addition
Name: BROWN, STEVE
Address: 401 S. FLORIDA AVE.
City-St-Zip: LAKELAND, FL 33801 US

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

Title: DT (X) Change () Addition
Name: SWIRSKY, STEVEN
Address: 844 MADEIRA CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: DVP (X) Change () Addition
Name: LOWREY, KATHLEEN
Address: 355 POLK AVENUE, #5
City-St-Zip: CAPE CANAVERAL, FL 32920 US

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: CYNTHIA N. HORNE

Electronic Signature of Signing Officer or Director

CONT

11/04/2009

Date