


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90062 038 ****61.25

DOCUMENT # N97000006765			
1. Entity Name ROYAL PALMS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 820 PALAWAY ST KISSIMMEE, FL 34744		Mailing Address 820 PALAWAY ST KISSIMMEE, FL 34744	
2. Principal Place of Business C/O WORLD OF HOMES 2884 S. OSCEOLA AVE Orlando FL 32806 USA		3. Mailing Address C/O WORLD OF HOMES 2884 S. OSCEOLA AVE Orlando FL 32806 USA	
01192006 Chg-NP CR2E037 (11/05)		4. FEI Number 59-2830097	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WORLD OF HOMES 2884 S. OSCEOLA AVE. ORLANDO, FL 32806		7. Name and Address of New Registered Agent Name: WORLD OF HOMES Street Address (P.O. Box Number is Not Acceptable): 2884 S. OSCEOLA AVE. City: ORLANDO FL FL Zip Code: 32806	
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: <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.		SIGNATURE: <i>Vicki Dietz</i> (NOTE: Registered Agent signature required when reinstating)	
DATE: 1-20-06		DATE: 1-20-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VPD NAME: WOODSIDE, WOODY STREET ADDRESS: 235 MAJESTY DR CITY-ST-ZIP: DAVENPORT, FL 33837	<input type="checkbox"/> Delete	TITLE: PD NAME: Broam, David STREET ADDRESS: 215 MAJESTY DR. CITY-ST-ZIP: DAVENPORT FL 33837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD NAME: HAMMOND, KATHLEEN STREET ADDRESS: 542 MAJESTY DRIVE CITY-ST-ZIP: DAVENPORT, FL 33837	<input type="checkbox"/> Delete	TITLE: VPD NAME: Hammund, Kathleen STREET ADDRESS: 542 MAJESTY DRIVE. CITY-ST-ZIP: DAVENPORT FL 33837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: ELLENMEYER, JULIE STREET ADDRESS: 331 TIFFANY LOOP CITY-ST-ZIP: DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Delete	TITLE: STD NAME: Woodside, Roy STREET ADDRESS: 235 MAJESTY DR. CITY-ST-ZIP: DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CM NAME: KLOSTERMAN, STEPHEN STREET ADDRESS: 820 PALMWAY ST CITY-ST-ZIP: KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete		<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: <i>[Signature]</i>		Date: 1/23/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	