


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000006765	
1. Entity Name ROYAL PALMS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 257 TIFFANY LOOP DAVENPORT, FL 33837	Mailing Address P O BOX 3042 DAVENPORT, FL 33836
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01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2830097	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBERTSON, KATHY
257 TIFFANY LOOP
DAVENPORT, FL 33837**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

1100000612834
1/29/07-80005-011 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTSON, KATHY P O BOX 3042 DAVENPORT, FL 33836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RODGERS, JERRY P O BOX 3042 DAVENPORT, FL 33836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACDONALD, SUZANNE P O BOX 3042 DAVENPORT, FL 33836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COMBS, RIC P O BOX 3042 DAVENPORT, FL 33836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  1/29/07 863 480 4058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #