

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N32666

1. Entity Name
**ROYAL PALM FOREST HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business
**2295 CORPORATE BLVD NW
SUITE 138
BOCA RATON, FL 33431 US**

Mailing Address
**2295 CORPORATE BLVD NW
SUITE 138
BOCA RATON, FL 33431 US**

DO NOT WRITE IN THIS SPACE



02012006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0130796

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HAAG, DAVID
2295 CORPORATE BLVD NW
SUITE 138
BOCA RATON, FL 33431**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GLINES, MARSHA
1650 SW 2ND AVE
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WARD, BILL
1705 SW 2ND AVE.
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DIGAN, LAURA
325 SW 16TH ST
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPSD
SUMISLASKI, JIM
420 SW 17TH STREET
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BENTLEY, GREG
1680 SW 3RD CT.
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GANNON, MARY ELLEN
1690 SW 2ND AVE
BOCA RATON, FL 33432**

U00000497258
04/22/06-80045-018 61.25

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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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William D Ward

2.24.06

Date

Daytime Phone #

561 241-0285