


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90186 040 \*\*\*\*61.25

<b>DOCUMENT # 736618</b>	
1. Entity Name <b>ROYAL PALM HARBOR ASSOCIATION</b>	

Principal Place of Business <b>1216 N. PORT DR. SARASOTA FL 34242</b>	Mailing Address <b>1216 N. PORT DR. SARASOTA FL 34242</b>
--	--

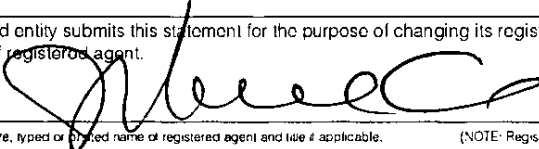


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

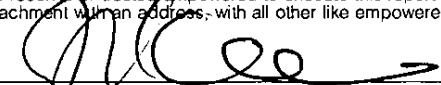
6. Name and Address of Current Registered Agent  <b>KLOSNER, J. RUSSEL 1200 NORTHPOINT DR. SARASOTA FL 34242</b>	
--	--

7. Name and Address of New Registered Agent  <b>J. RUSSELL KLOSNER 4023 SAWYER ROAD SARASOTA, FLORIDA 34233</b>	
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 <b>3-25-07</b>

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAY, DEBLIE PO BOX 35786 SARASOTA FL 34242 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	greg anderson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 232 No Port Dr Sarasota FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KLOSNER, J. RUSSELL 1216 NORTHPORT DR SARASOTA FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DONNELLAN, ROBERT 1275 SO. PORT DR. SARASOTA FL 34242 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	wm wagner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1275 No Port Dr Sarasota FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEVITT, ROBERT 1201 SOUTHPORT DR SARASOTA FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MEHIEL, EDITH 1240 N. PORT DR. SARASOTA FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETERSON, PETE 1251 SOUTHPORT DR SARASOTA FL 34242 <input type="checkbox"/> Delete	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 Section 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: 	DATE <b>3-25-07</b> 9211097