20G8 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 11, 2008 8:00 am Secretary of State DOCUMENT # N21700 04-11-2008 90038 027 ****70.00 ROYAL PALM COVE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 21045 COMMERCIAL TR BOCA RATON FL 33486 US 21045 COMMERCIAL TR BOCA RATON FL 33486 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Ant # etc 1st MOORE CR2E037 (10/07) City & State Applied For City & State 4. FEI Number 65-0107336 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAM K. ISAACSON Street Address (P.O. Box Number is Not Acceptable) C/O LANG MANAGEMENT COMPANY, INC. 21045 COMMERCIAL TRAIL BOCA RATON FL 33486-1006 Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) TOTAL TRANSPORT Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution, Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change ☐ Addition ACKERMAN, DONNA NAME NAME 17038 ROYAL COVE WAY STREET ADDRESS STREET ADDRESS BOCA RATON FL 33496 CITY-ST-ZIP CITY-ST-ZIP DS TITLE ☐ Delete TITLE ☐ Change ☐ Addition RAPAPORT, STEPHEN NAME NAME 17189 ROYAL COVE WAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL. 33496** CITY- ST-ZIP CITY-ST-ZIP p-- -- -☐ Change T Addition TITLE 🗀 Delete TITLE HERSON, MILTON NAME MAME 17173 ROYAL COVE WAY STREET ADDRESS STREET ADDRESS BOCA RATON FL 33496 CITY-ST-ZIP CITY-ST-ZIP TD TITLE **X** Delete ☐ Change TITLE ☐ Addition KLEIN, LEON NAME STREET ADDRESS 17046 ROYAL COVE WAY STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP CITY-ST-7/P Change Delete TITLE TITLE ☐ Addition MAHONEY, GERALD NAME NAME 17101 ROYAL COVE WAY STREET ADDRESS. STREET ADDRESS BOCA RATON FL CITY-ST-ZIP CITY-ST-7/P FRANK ROCHELLE 17157 ROVAL COVE WAY ☐ Change Addition X NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP

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 accurrate 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 appears in the empowered.

SIGNATURE:

FILED