

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002373

Entity Name: ROYAL FLORIDIAN RESORT ASSOCIATION, INC.

Current Principal Place of Business:

51 S. ATLANTIC AVE
ORMOND BEACH, FL 32176

Current Mailing Address:

P.O. BOX 6685
HILTON HEAD ISLAND, SC 29938

FEI Number: 59-3485067

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, BRIAN M
300 S. ORANGE AVE
STE 1000
ORLANDO, FL 32801 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name COOPER, THOMAS DR.
Address 826 GLENDOVER COVE
City-State-Zip: LEXINGTON KY 40502

Title DS
Name LESIZZA, ANNA
Address 170 W. CRAIG AVE.
City-State-Zip: LAKE HELEN FL 32744

Title DVP
Name BROWN, STEVE
Address 401 S. FLORIDA AVE.
City-State-Zip: LAKELAND FL 33801

Title DAS
Name WILLIAMS, THOMAS P
Address 35 DE ALLYON ROAD
City-State-Zip: HILTON HEAD ISLAND SC 29928

Title DT
Name SWIRSKY, STEVEN
Address 844 MADEIRA CIRCLE
City-State-Zip: TALLAHASSEE FL 32312

Title DVP
Name LOWREY, KATHLEEN
Address 615 4TH STREET
City-State-Zip: FROST MN 56033

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS P. WILLIAMS

DIRECTOR/ASST SEC

04/08/2013

Electronic Signature of Signing Officer/Director Detail

Date