

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 703517

1. Entity Name
ROYAL OAK HILLS ASSOCIATION, INC.



Principal Place of Business

617 SW 5TH ST
BOCA RATON, FL 33486 US

Mailing Address

P.O. BOX 893
BOCA RATON, FL 33429

DO NOT WRITE IN THIS SPACE



02192007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-6152313

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, DAVID
617 SW 5TH ST
BOCA RATON, FL 33486

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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, 2007

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
P
WARD, DAVID
617 SW 5TH ST
BOCA RATON, FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LANG, HELEN
646 SW 4TH ST
BOCA RATON, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
CHAPMAN, JOANN
817 SW 4TH ST.
BOCA RATON, FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000643894
03/02/07-80020-017 61.25

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IN THIS SPACE

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:

JoAnn Chapman

JoAnn Chapman

2-19-07

347-2459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #