2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# 712124

Entity Name: ROYAL PARK VILLAS, INC.

Current Principal Place of Business:

802 ANCHOR RODE DR
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

802 ANCHOR RODE DR
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-1200373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEDBERG, JEANNINE
PARADISE PROPERTY MANAGEMENT GROUP
802 ANCHOR RODE DR
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

MEADE, JAMES
PARADISE PROPERTY MANAGEMENT GROUP
802 ANCHOR RODE DR
NAPLES, FL 34103 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: JAMES MEADE 04/28/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROGERS, KATHY
Address: 19 HACKNEY LANE
City-St-Zip: NAPLES, FL 34112

Title: VP ( ) Delete
Name: SHAFFER, NIKKI
Address: 25 KNIGHTSBRIDGE
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: WILSON, S. TODD
Address: 30 KNIGHTSBRIDGE
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: YOUNG, CHARLES
Address: 31 KNIGTS BRIDGE RD
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: SILVA, THERESA
Address: 37 KNIGHT BRIDGE RD
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SLIWA, TOM
Address: 11 HACKNEY LANE
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change ( ) Addition
Name: LABONTE, STEVE
Address: 16 KNIGHTBRIDGE ROAD
City-St-Zip: NAPLES, FL 34112

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHY ROGERS PRES 04/28/2008
Electronic Signature of Signing Officer or Director — Date