2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#712167

Entity Name: THE ROYAL POINCIANA CHAPEL, INC.

FILED Sep 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 60 COCOANUT ROW PALM BEACH, FL 33480 US **Current Mailing Address: New Mailing Address:** 60 COCOANUT ROW PALM BEACH, FL 33480 US FEI Number: 71-2167601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NORRIS, ROBERT S DR 60 COCÓANUT ROW PALM BEACH, FL 33480 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete RANDOLPH, JOHN C MR RANDOLPH, JOHN C MR Name: Name: 6201 S FLAGLER DRIVE Address: 6201 S FLAGLER DRIVE Address: City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip: WEST PALM BEACH, FL 33405 Title: Title: (X) Change () Addition () Delete PEACOCK, R CARROLL MR PEACOCK, R CARROLL MR Name: Name: Address: 7610 S FLAGLER DRIVE Address: 7610 S FLAGLER DRIVE City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip: WEST PALM BEACH, FL 33405 Title: () Delete Title: (X) Change () Addition LA RUE, BRIAN M MR Name: LA RUE, BRIAN M MR Name: 4011 SHELLDRAKE LANE 214J CHILEAN AVENUE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: PALM BEACH, FL 33480 Title: () Delete Title: () Change () Addition KEAN, IAN M MR Name: Name: 550 ISLAND DRIVE Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: VΡ (X) Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

AINSLIE, MICHAEL

415 SEASPRAY AVENUE

PALM BEACH, FL 33480

() Change () Addition

SIGNATURE: ARMIDA WELSH MAN 09/05/2007

AINSLIE, MICHAEL

1231 N LAKE WAY

415 SEASPRAY AVENUE

PALM BEACH, FL 33480

DENNIS, MICHAEL T B MR.

PALM BEACH, FL 33405

() Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip: