

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90026 041 ****70.00

DOCUMENT # 716075

1. Entity Name

ONE ROYAL PALM WAY ASSOCIATION, INC.



Principal Place of Business

100 ROYAL PALM WAY
PALM BCH FL 33480

Mailing Address

100 ROYAL PALM WAY
PALM BCH FL 33480



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-1235771

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUMIA, SANTO
100 ROYAL PALM WAY
PALM BCH FL 33480

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 left in red when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VDT ☐ Delete
NAME LEMBO, GREGORY
STREET ADDRESS 100 ROYAL PALM WAY (A4)
CITY-ST-ZIP PALM BEACH FL

TITLE PD ☐ Delete
NAME LA VOY, KENNETH
STREET ADDRESS 100 ROYAL PALM WAY (C2)
CITY-ST-ZIP PALM BEACH FL

TITLE SD ☐ Delete
NAME CRAWFORD, KAY
STREET ADDRESS 100 ROYAL PALM WAY (G5)
CITY-ST-ZIP PALM BCH, FL 00000

TITLE VD ☐ Delete
NAME SWAN, THOMAS
STREET ADDRESS 100 ROYAL PALM WAY (PHD)
CITY-ST-ZIP PALM BEACH FL

TITLE DAS ☐ Delete
NAME LIST, THOMAS
STREET ADDRESS 100 ROYAL PALM WAY (F2)
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR