

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90022 013 ****61.25

DOCUMENT # 717066

1. Entity Name
THE ROYALE RIVIERA ASSOCIATION, INC.



Principal Place of Business
**C/O VISTA PROPERTIES MGMT
100 VISTA ROYALE BLVD
VERO BEACH, FL 32962**

Mailing Address
**C/O VISTA PROPERTIES MGMT
100 VISTA ROYALE BLVD
VERO BEACH, FL 32962 US**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1317226

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPINOSA, ALYCE
935 E CAUSEWAY BLVD 303
VERO BEACH, FL 32963**

7. Name and Address of New Registered Agent

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 required when reinstating)

DATE

**Filing 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 | T | <input type="checkbox"/> Delete |
| NAME | ANDERSON, BURTRAM | |
| STREET ADDRESS | 935 EAST CAUSEWAY BLVD #507 | |
| CITY-ST-ZIP | VERO BEACH, FL 32963 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | WITHROW, HELEN | |
| STREET ADDRESS | 435 CAUSEWAY BLVD. #407 | |
| CITY-ST-ZIP | VERO BEACH, FL 32963 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SPINOSA, ALYCE | |
| STREET ADDRESS | 935 E CAUSEWAY BLVD #303 | |
| CITY-ST-ZIP | VERO BEACH, FL 32963 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KENWELL, DOUGLAS A | |
| STREET ADDRESS | 935 E CAUSEWAY E 307 | |
| CITY-ST-ZIP | VERO BEACH, FL 32963 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | WILLMOTT, JOHN | |
| STREET ADDRESS | 935 E CAUSEWAY BLVD #503 | |
| CITY-ST-ZIP | VERO BEACH, FL 32963 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Burtram W. Anderson

4/8/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #