

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) -

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90036 026 ****61.25

DOCUMENT # 720216

1. Entity Name

ROYAL LAKES CIVIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 24131
JACKSONVILLE FL 32241
US

P.O. BOX 24131
JACKSONVILLE FL 32241
US

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

8484 ROYAL LAKES DR.

3. Mailing Address

8484 ROYAL LAKES DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32256

Country

DUVAL

Zip

32256

Country

DUVAL

4. FEI Number

59-2787404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

LECHWAR, NORBERT
8400 GRAYLING DRIVE
JACKSONVILLE FL 32256

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:

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 D ☐ Delete
NAME ELLIS, PAT
STREET ADDRESS 8378 ALLWOOD CT
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE C ☒ Delete
NAME CASTRO, CIRO
STREET ADDRESS 8333 ALLWOOD COURT
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE VD ☐ Delete
NAME PEGGYANN, ZAENGER
STREET ADDRESS 6151 GRAYLING DR
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE P ☐ Delete
NAME ROWE, LEE
STREET ADDRESS 8343 ROYAL WOOD DR
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE TD ☐ Delete
NAME LECHWAR, NORBERT
STREET ADDRESS 8400 GRAYLING DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE S ☐ Delete
NAME DAUGHERTY, MARGE
STREET ADDRESS 6261 GRAYLING DR
CITY-ST-ZIP JACKSONVILLE FL 32256

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

P ☐ Change ☒ Addition
NAME CRAIG BLACK
STREET ADDRESS 8596 ROYAL LAKES DR.
CITY-ST-ZIP JACKSONVILLE, FL 32256

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

TITLE C ☒ 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:

Norbert Lechwar NORBERT LECHWAR 4-1-07 (904)642-1542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #