## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 09, 2008 8:00 am Secretary of State

DOCUMENT # 720216  1. Entity Name ROYAL LAKES CIVIC ASSOCIATION, INC.					Secretary of State 04-09-2008 90035 004 ****61.25					
8484 ROYAI	ce of Business L LAKES DRIVE LE, FL 32256 US	Mailing Address 8484 ROYAL LAKES DRI JACKSONVILLE, FL 3229		:	1 1007111 170711	NEN SENTE (IEEK NEN	I BITII BITITI BIBUI B	TOTA O'COLA ESPOTA DIS	NIFRI 21 FROI	
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03212008	Chg-NP	CR2EC	37 (12/06)		
City & State		City & State			4. FEI Numbe 59-2787			<del></del>	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	<b>d</b> 🗆	\$8.75 Add		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Nev	v Registered	Agent		
LECHWAR, NORBERT 8400 GRAYLING DRIVE JACKSONVILLE, FL 32256			Name Street							
0,1010011	TVILLE, I L OZZOG									
			City				FI	Zip Cod	e	
8. The above	named entity submits this statement for	or the purpose of changing its re	egistered office of	or register	ed agent, or both	n, in the State of	Florida. I am	familiar with,	and accept	
the obliga	tions of registered agent.								,	
GIOLLET IDE										
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Progratured Agent signs	sture required	when reinstating)		DATE		<del></del> ,	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:  9. Election Camp Trust Fund Cc	paign Financing		\$5.00 May Be	, F	Make chec	k payable to		
	Signature, hyped or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing entribution.	0	\$5.00 May Be Added to Fees	F	Make chec lorida Depa	rtment of S	o tate	
10.	Signature, typed or printed name of registered agent	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	F	Make chec lorida Depa	rtment of S	tate	
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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 cath; 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.

CITY-ST-ZIP

Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

| SIGNATURE | SIGNATURE AND TYPED OR PROTTED MAME OF SIGNING OFFICER OR DIRECTOR | Date | Degree Proper #

CITY-ST-7IP

JACKSONVILLE, FL 32256