

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90206 010 ****61.25

60030817



04052006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-6528068

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROYAL PROPERTY MANAGEMENT INC
FRANK P. LAPORTA
8317 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071

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, 2006

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	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, ANGEL M	
STREET ADDRESS	2200 MONROE ST # 8	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HUTTON, DEANNA	
STREET ADDRESS	2200 MONROE ST # 22	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	CALLAWAY, W. J.	
STREET ADDRESS	2200 MONROE ST #27	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERLOW, STEPHEN A	
STREET ADDRESS	2200 MONROE ST # 30	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	COPELAND, DIANE	
STREET ADDRESS	2200 MONROE ST #33	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY YOUNG	
STREET ADDRESS	2200 MONROE ST. #35	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN DALANCU	
STREET ADDRESS	2200 MONROE ST. #34	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIRLEY SMITH	
STREET ADDRESS	2200 MONROE ST. #16	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM WALLACE	
STREET ADDRESS	2200 MONROE ST #17	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-05 561-329-5705