



2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

DOCUMENT # 724837 1. Entity Name THE ROYAL HOMESTEAD CONDOMINIUM ASSOCIATION, INC.						05 APR 18 AM 9:03 03182005 Chg-NP CR2E037 (10/03)	
Principal Place of Business 70 CELESTIAL WAY JUNO BEACH, FL 33408				Mailing Address 70 CELESTIAL WAY JUNO BEACH, FL 33408			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 59-1502787				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KRIVOK, JAMES N 1818 AUSTRALIAN AVE SOUTH SUITE 400 WEST PALM BEACH, FL 33409				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input type="checkbox"/> Delete EDISON, PATRICIA H 70 CELESTIAL WAY #307 JUNO BEACH, FL 33408			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Addition 500054015985 05/06/05--01069--005 **\$61.25		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete ANDERSON, JOHN E SR 70 CELESTIAL WAY, #104 JUNO BEACH, FL 33408			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input type="checkbox"/> Delete WELTON, ROBERT 70 CELESTIAL WAY, #310 JUNO BEACH, FL 33408			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete CAPPO, FRANCIS F 70 CELESTIAL WAY #112 JUNO BCH, FL 33408			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BOWER, ROBERT 70 CELESTIAL WAY #110 JUNO BEACH, FL 33408			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Barnes, Gray W. 70 Celestial Way, #111 Juno Beach, FL 33408		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <i>Patricia H. Edison</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				3/18/05 561-622-3749 Date Daytime Phone #			