

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725505

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** ROYALE OAK TOWERS ASSOCIATION, INC.

**Current Principal Place of Business:**

630 E OCEAN BLVD  
STUART, FL 34994 US

**New Principal Place of Business:**

**Current Mailing Address:**

3727 SE OCEAN BLVD.  
SUITE 100  
STUART, FL 34996 US

**New Mailing Address:**

3601 SE OCEAN BLVD.  
SUITE 101  
STUART, FL 34996 US

**FEI Number:** 59-1521139

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSS EARLE & BONAN, PA  
759 S. FEDERAL HWY - SUITE 212  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CASHWELL, KEITH  
Address: 630 E OCEAN BLVD  
City-St-Zip: STUART, FL 34994

Title: PD ( ) Delete  
Name: LUNDSTROM, KATHI  
Address: 3727 SE OCEAN BLVD. #100  
City-St-Zip: STUART, FL 34996

Title: VPD ( ) Delete  
Name: ROSS, HERBERT  
Address: 3751 SW THISTLEWOOD LANE  
City-St-Zip: PALM CITY, FL 34990

Title: TD ( ) Delete  
Name: SHORES, SUSAN  
Address: 630 E. OCEAN BLVD # B-3  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: LUNDSTROM, KATHI  
Address: 3601 SE OCEAN BLVD. #101  
City-St-Zip: STUART, FL 34996

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHI LUNDSTROM

PD

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date