

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726384

FILED
Feb 10, 2009
Secretary of State

Entity Name: ROYAL PALM VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1821 JEFFERSON AVENUE
MIAMI BEACH, FL 331392462

New Principal Place of Business:

Current Mailing Address:

1821 JEFFERSON AVENUE
MIAMI BEACH, FL 331392462

New Mailing Address:

FEI Number: 59-1544764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, MICHAEL
1821 JEFFERSON AVE., #UNIT 302
MIAMI BEACH, FL 33139 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: S () Delete
Name: DELGADO, HARRY
Address: 1895 JEFFERSON AVE #104
City-St-Zip: MIAMI BEACH, FL 33139

Title: T () Delete
Name: PENA, ESTRELLA
Address: 1821 JEFFERSON AVE., #UNIT 101
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: VARONA, EDITH
Address: 1821 JEFFERSON AVE #105
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: TABONE, ED
Address: 1821 JEFFERSON AVE., #UNIT 307
City-St-Zip: MIAMI BEACH, FL 33139

Title: P () Delete
Name: KELLY, MICHAEL
Address: 1821 JEFFERSON AVE., #UNIT 302
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D () Change (X) Addition
Name: HARDIN, KENNETH W
Address: 1821 JEFFERSON AVE., UNIT 102
City-St-Zip: MIAMI BEACH, FL 33139

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: MICHAEL KELLY

PRES

02/10/2009

Electronic Signature of Signing Officer or Director

Date