

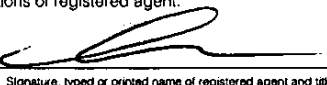
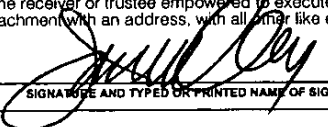


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90014 032 \*\*\*\*61.25

<b>DOCUMENT # 728883</b> 1. Entity Name ROYAL PARK GARDENS RECREATIONAL CENTER, INC.					
Principal Place of Business TRANSCONTINENTAL PROPERTY MANAGEMENT CO. 1323 LYONS ROAD COCONUT CREEK, FL 33063 US			Mailing Address TRANSCONTINENTAL PROPERTY MANAGEMENT CO. 1323 LYONS ROAD COCONUT CREEK, FL 33063 US		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>60023769</b> 	
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number 59-1574033 Applied For: <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01042008    Chg-NP    CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  MESSER, THOMAS 1323 LYONS RD COCONUT CREEK, FL 33063				7. Name and Address of New Registered Agent Name: <u>Straley + Otto P.A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>2645 Stirling Road #C-207</u> City: <u>Fort Lauderdale</u> FL <u>33312</u>	
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:  <u>Charles Otto, Esq.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>4.14.08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PILLA, BEVERLY 6570 ROYAL PALM BLVD MARGATE, FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joseph Duemy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6600 Royal Palm Blvd 114 Margate Fl 33063		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLTON, CONNIE <input type="checkbox"/> Delete 6770 ROYAL PALM ROAD MARGATE, FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Colton, Connie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6770 Royal Palm Blvd 214 Margate Fl. 33063		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENDE, RON <input type="checkbox"/> Delete 6800 ROYAL PALM BLVD MARGATE, FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEROSA, VINCENT <input checked="" type="checkbox"/> Delete 6870 ROYAL PALM BLVD MARGATE, FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ronald Capobianco <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6800 Royal Palm Blvd 205 Margate Fl. 33063		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <u>Joseph Duemy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>3/18/08</u> Daytime Phone #: <u>9549179228</u>	