2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#728883

Apr 07, 2009 Secretary of State

Entity Name: ROYAL PARK GARDENS RECREATIONAL CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

TRANSCONTINENTAL PROPERTY MANAGEMENT CO.

1323 LYONS ROAD

COCONUT CREEK, FL 33063 US

New Mailing Address: Current Mailing Address:

TRANSCONTINENTAL PROPERTY MANAGEMENT CO. 6720 ROYAL PALM BLVD 1323 LYONS ROAD MARGATE, FL 33063 US

COCONUT CREEK, FL 33063 US

FEI Number: 59-1574033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

STRALEY & OTTO PA 2699 STIRLING ROAD # C-207 FORT LAUDERDALE, FL 33312 US

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete

VPD

(X) Change () Addition

COLTON, MARIE COLTON, CONNIE Name: Name:

6770 ROYAL PALM BLVD 214 Address: 6770 ROYAL PALM BLVD 214 Address:

City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063

Title: () Delete Title: SD (X) Change () Addition

ENDE, RON Name: EMDE, RON Name:

Address: 6800 ROYAL PALM BLVD Address: 6800 ROYAL PALM BLVD 304 City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063

Title: PD() Delete Title: **VPD** (X) Change () Addition DUEMIG, JOSEPH DE ROSA, VINCENT Name: Name:

66000 ROYAL PALM BLVD 114 6870 ROYAL PALM BLVD 103 Address: Address: City-St-Zip: POMPANO BEACH, FL 33063 City-St-Zip: MARGATE, FL 33063

() Delete Title: TD Title: TD (X) Change () Addition

CAPOBIDNCO, RONALD Name: Name: PILLA, BEVERLY 6800 ROYAL PALM BLVD 205 Address: Address: 6570 ROYAL PALM BLVD 216 City-St-Zip: POMPANO BEACH, FL 33063 City-St-Zip: MARGATE, FL 33063

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: MARIE COLTON PD 04/07/2009