

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 21, 2008 8:00 am
Secretary of State

08-21-2008 90002 004 ****61.25

DOCUMENT # 740806

1. Entity Name
**ROYAL POINT MANOR WEST CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**3111 GARDENS E DRIVE
PALM BEACH GARDENS, FL 33410-4928**

Mailing Address
**3111 GARDENS E DRIVE
PALM BEACH GARDENS, FL 33410-4928**



01182008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1912792

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROBERTSON, ROBERT
3111 GARDENS EAST DR
#33
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

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: *Robert Robertson* **Robert Robertson PD** 8/15/08
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBERTSON, ROBERT
STREET ADDRESS	3111 GARDENS EAST DR #33
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410

TITLE	STD
NAME	JEFFERSON, FRANCI
STREET ADDRESS	3111 GARDENS EAST DRIVE #1
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410

TITLE	TD
NAME	JEFFERSON, FRANCI
STREET ADDRESS	3111 GARDENS EAST DRIVE #1
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410

TITLE	VD
NAME	SMITH, WILLIAM
STREET ADDRESS	3111 GARDEN EAST DR #15
CITY-ST-ZIP	PALM BEACH GRADENS, FL 33410

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Franci Jefferson* **Franci Jefferson STD/TD** 8/15/08 561-624-5499
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #