


185 **2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90007 030 ****61.25

| | |
|---|---|
| DOCUMENT # 745726 |  |
| 1. Entity Name | |
| ROYAL PINES CONDOMINIUM ASSOCIATION, INC. | |

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| % STERLING MANAGEMENT SERVICES 2870 SCHERER DR. N. SUITE 840 ST. PETERSBURG FL 33716 US | % STERLING MANAGEMENT SERVICES 2870 SCHERER DR. N. SUITE 840 ST. PETERSBURG FL 33716 US |

| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/06)

| | | |
|---|--|--------------------------------|
| 4. FEI Number | | Applied For |
| 59-1984910 | | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| BRUDNY, MICHAEL 200 NORTH PINE AVE SUITE A OLDSMAR FL 34677 | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|--|--|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|--|

| | | | |
|--|---|---|--|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | DP THOMASON, PATRICIA 4410 WALTHAM AVE. TAMPA FL 33634 <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 | DST HARTUNG, JOHN 4500 EAST BAY DR J 133 CLEARWATER FL 33764 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input checked="" 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 checked="" 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 |
| 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 Section 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: *Patricia Thomason* **PATRICIA THOMASON** 2/22/07 813-885-6423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR