2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745726

Apr 17, 2008 Secretary of State

Entity Name: ROYAL PINES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

% STERLING MANAGEMENT SERVICES 2870 SCHERER DR. N. SUITE 840 ST. PETERSBURG, FL 33716

1799-B NORTH BELCHER ROAD CLEARWATER, FL 33765

Current Mailing Address:

New Mailing Address:

% STERLING MANAGEMENT SERVICES 2870 SCHERER DR. N. SUITE 840

P.O. BOX 14357

ST. PETERSBURG, FL 33716

CLEARWATER, FL 33766 US

FEI Number: 59-1984910

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:

BRUDNY, MICHAEL 200 NORTH PINE AVE SUITE A OLDSMAR, FL 34677 US AMERI-TECH REALTY INC 1799-B NORTH BELCHER ROAD CLEARWATER, FL 33765

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: MICHAEL G PEREZ, PRESIDENT

04/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete THOMASON, PATRICIA Name: 4410 WALTHAM AVE. Address:

City-St-Zip: TAMPA, FL 33634

Title: () Delete Name: HARTUNG, JOHN Address: 4500 EAST BAY DR J 133 City-St-Zip: CLEARWATER, FL 33764

Title: () Delete BRIGGS, SUSAN Name: 1708 ALBEMARIE ST Address:

CLEARWATER, FL 33764

City-St-Zip:

TAMPA, FL 33634 Title: SD (X) Change () Addition

THOMASON, PATRICIA

4410 WALTHAM AVE.

Name: HARTUNG, JOHN

Name:

Address:

City-St-Zip:

Address: 4500 EAST BAY DR J 133 City-St-Zip: CLEARWATER, FL 33764

Title: (X) Change () Addition

Name: BRIGGS, SUSAN 1708 ALBEMARIE ST Address: City-St-Zip: CLEARWATER, FL 33764

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: PATRICIA THOMASON PD