

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90106 002 \*\*\*\*61.25

**DOCUMENT # 745950**

1. Entity Name  
**ROYAL RICHEY VILLAGE I CONDOMINIUM, INC.**



Principal Place of Business  
8440 OLD POST ROAD  
APT 101  
PORT RICHEY, FL 34668 US

Mailing Address  
8440 OLD POST ROAD  
APT 101  
PORT RICHEY, FL 34668 US

00010000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-1974236**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRIS, RALPH  
8440 OLD POST ROAD  
APT 101  
PORT RICHEY, FL 34668

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

*Delores J Kowalski* *DELORES J KOWALSKI*

*4/17/06*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 P ☐ Delete  
NAME DRIS, RALPH  
STREET ADDRESS 8440 OLD POST ROAD - APT 101  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☒ Delete  
NAME BEHAN, THOMAS  
STREET ADDRESS 8867 PINE BAY COURT  
CITY-ST-ZIP ORLANDO, FL 32825

TITLE T ☐ Change ☒ Addition  
NAME Delores J Kowalski  
STREET ADDRESS 5521 Bay Blvd., Apt 202  
CITY-ST-ZIP Port Richey, FL 34668

TITLE V ☒ Delete  
NAME ZENO, JUAN  
STREET ADDRESS 5521 BAY BLVD - APT 205  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME SAMARITANO, SHEILA  
STREET ADDRESS 84450 OLD POST RD - APT 203  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE S ☐ Change ☐ Addition  
NAME Elaena Plumitello  
STREET ADDRESS 7718 Coachwood Rd  
CITY-ST-ZIP Bayonet Point, FL 34667

TITLE D ☐ Delete  
NAME KOWALSKI, ANTHONY  
STREET ADDRESS 5521 BAY BLVD, APT 202  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME STRINGER, ELSWORTH  
STREET ADDRESS 8440 OLD POST RD - APT 204  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Delores J Kowalski*

*4/17/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #