

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90043 050 ****69.10

DOCUMENT # 747729			
1. Entity Name ROYAL OAK GOLF HAVEN CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2951 FINSTERWALD DR TITUSVILLE, FL 32780 US		Mailing Address 2951 FINSTERWALD DR TITUSVILLE, FL 32780 US	
2. Principal Place of Business - No. P.O. Box # <i>2955 Finsterwald Dr</i>		3. Mailing Address <i>SANWIS</i>	
City & State <i>Titusville, FL</i>		City & State <i>SANWIS</i>	
Zip <i>32780</i>	Country <i>US</i>	Zip	Country
6. Name and Address of Current Registered Agent BANZIGER, WALTER 2951 FINSTERWALD DR TITUSVILLE, FL 32780		7. Name and Address of New Registered Agent Name <i>Edward M Decker</i> Street Address (P.O. Box Number is Not Acceptable) <i>2955 Finsterwald Dr</i> City <i>Titusville</i> FL Zip Code <i>32780</i>	
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 <i>[Signature]</i>		Signature, typed or printed name of registered agent and title (Applicable). (NOTE: Registered Agent signature required when reinstating) <i>Edward M Decker</i>	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BANZIGER, WALTER 2951 FINSTERWALD DR. TITUSVILLE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DECKER, Edward 2955 Finsterwald Dr Titusville, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONGER, CLAUDINE 1414 BROOK DRIVE TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FISHER, ROBERT 2979 Finsterwald Dr Titusville, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HALE, PHILIP 2963 FINSTERWALD DRIVE TITUSVILLE, FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALE, Philip 2963 Finsterwald Dr Titusville, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTEY, PAUL 2959 FINSTERWOLD DR TITUSVILLE, FL 32780 <input checked="" 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 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: <i>Edward M Decker</i>		Date <i>5-22-08</i> Daytime Phone # <i>321-863-7313</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			