

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

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90014 050 ****61.25

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1. Entity Name

ROYAL SINGAPORE LAKE TOWNHOUSE ASSOCIATION,
INC.



Principal Place of Business

Mailing Address

PO BOX 17-3438
MIAMI FL 33017-3438

PO BOX 17-3438
MIAMI FL 33017-3438



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-2066582

Applied For

Not Applicable

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

LA MARCA, THOMAS
19735 EAST LAKE DRIVE
MIAMI FL 33015

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

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

(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. ☐

**\$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 LA MARCA, THOMAS
STREET ADDRESS 19735 EAST LAKE DRIVE
CITY-STATE-ZIP MIAMI FL 33015

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

TITLE V ☒ Delete
NAME BARDAWILL, RIMA C
STREET ADDRESS 19606 WEST LAKE DRIVE
CITY-STATE-ZIP MIAMI FL 33015

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

TITLE ☒ Delete
NAME GORAL, PAUL
STREET ADDRESS 19715 EAST LAKE DRIVE
CITY-STATE-ZIP MIAMI FL 33015

TITLE ☒ Change ☐ Addition
NAME DIRECTOR
BORAL, PAUL
STREET ADDRESS 19715 EAST LAKE DR
CITY-STATE-ZIP MIAMI, FL 33015

TITLE ☒ Delete
NAME BLOMBERG, PAT
STREET ADDRESS 7376 COLDSTREAM DRIVE
CITY-STATE-ZIP MIAMI FL 33015

TITLE ☒ Change ☐ Addition
NAME VICE PRESIDENT
BLOMBERG, PAT
STREET ADDRESS 7376 COLDSTREAM DR.
CITY-STATE-ZIP MIAMI, FL 33015

TITLE ☒ Delete
NAME WALSH, CAMELIA
STREET ADDRESS 7330 COLDSTREAM DRIVE
CITY-STATE-ZIP MIAMI FL 33015

TITLE ☐ Change ☒ Addition
NAME TREASURER
GALLAGHER, ARLENE
STREET ADDRESS 19606 WEST LAKE DRIVE
CITY-STATE-ZIP MIAMI, FLA. 33015

TITLE ☒ Delete
NAME LIPPINCOTT, JUDY
STREET ADDRESS 7310 COLDSTREAM DRIVE
CITY-STATE-ZIP MIAMI FL 33015

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
MC ADAM MCINTOSH, KATHRYN
STREET ADDRESS KATHRYN 19620 EAST LAKE DRIVE
CITY-STATE-ZIP MIAMI, FLA. 33015

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 or authorized 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:

Thomas LaMarca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS LA MARCA

Pres 3-22-07

305 829-0878

Date Daytime Phone #