



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90036 019 ****61.25

DOCUMENT # 752042 1. Entity Name ROYAL PALM AT PLANTATION CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O MIAMI MANAGEMENT 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323			Mailing Address C/O MIAMI MANAGEMENT 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: center; font-weight: bold; font-size: 1.2em;">40011000</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 01042007 Chg-NP CR2E037 (12/06) </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> 4. FEI Number 59-2141520 </div> <div> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div> \$8.75 Additional Fee Required </div> </div>	
6. Name and Address of Current Registered Agent EISINGER, DENNIS 4000 HOLLYWOOD BLVD # S 265 HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing 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	P FIDINGER, DON 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Everhart, Constance 1145 Sawgrass Corp. Pkwy Sunrise, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZENCHAK, TODD 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice president Zenchak, Todd 1145 Sawgrass Corporate Pkwy Sunrise, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HODGSON, PEARSON 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Mcdermott, Nicole 1145 Sawgrass Corp. Pkwy Sunrise, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCDERMOTT, NIKKI 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Doty, Dennis 1145 Sawgrass Corp. Pkwy Sunrise, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLAK, DARLA 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Randolph, Bruce 1145 Sawgrass Corp Pkwy Sunrise, FL 33323	<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 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>Constance Everhart</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div> 1-18-07 <small>Date</small> </div> <div> 9549676333 <small>Daytime Phone #</small> </div> </div>		

Constance Everhart - President

January 18, 2007