


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90065 046 ****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

40032079



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02082008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 59-2141520

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	P EVERHART, CONSTANCE 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input type="checkbox"/> Delete
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	T MCDERMOTT, NICOLE 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOTY, DENNIS 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDOLPH, BRUCE 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DAN FIDINGER 1145 SAWGRASS CORP SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DOTY DENNIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BRUCE RANDOLPH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: Constance Everhart Constance J Everhart 2/20/08 954-562-0858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40032079
#752042

Association: Royal Palm at Plantation 3123

Miami Management, Inc.

Check Requisition / Authorization

Check Payable To: Florida Department of State - 752042
Division Of Corporations
2670 Executive Center Circle - Suite 100
Tallahassee, FL 32301

Amount: \$61.25

For: 2008 Corporation Annual Report

Check Needed By: Next Cut

Requested By: Paul J Gallo, LCAM  Date: 2/4/2008

Check # 200 Dated: 2/5/08 Code: 5041

RECEIVED
FEB 14 2008