2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # 753968

1. Entity Name
ROYAL COVE CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1301 7TH ST. SOUTH NAPLES, FL 34102 US	COASTAL PROP MNGMT OF SW FLORIDA, INC. 501 GOODLETTE RD N, STE ~~A-206~~ C-200 NAPLES, FL 34102 US

DO NOT WRITE IN THIS SPACE

02142007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2217067

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COASTAL PROP MNGMT OF SW FLORIDA, INC.
501 GOODLETTE RD N, STE ~~A-206~~ C-200
NAPLES, FL 34102

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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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000661400
03/20/07-80039-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WHALEN, MARTY
STREET ADDRESS	P.O. BOX 651
CITY-ST-ZIP	GWYNEDD VALLEY, PA 194370651
TITLE	D
NAME	TALTON, TOM
STREET ADDRESS	1301 7TH ST S, # 104
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	TS
NAME	TIFFANY, BOB
STREET ADDRESS	1301 7TH ST. SOUTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	NIELD, EDWARD
STREET ADDRESS	2906 HALIFAX AVE
CITY-ST-ZIP	WESTCHESTER, IL 60154
TITLE	D
NAME	MCDONALD, JOHN
STREET ADDRESS	1301 7TH ST S, #206
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	VP
NAME	NICHOLS, RAY
STREET ADDRESS	1301 7TH ST S, #101
CITY-ST-ZIP	NAPLES, FL 34102

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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: JOHN GREEN - MANAGER 2-28-07 239-434-2077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #