

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90051 028 ****61.25

DOCUMENT # 753968					
1. Entity Name ROYAL COVE CONDOMINIUM OWNERS ASSOCIATION, INC.					
Principal Place of Business 1301 7TH ST. SOUTH NAPLES, FL 34102 US			Mailing Address COASTAL PROP MNGMT OF SW FLORIDA, INC. 501 GOODLETTE RD N, STE A-206 NAPLES, FL 34102 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2217067	
5. Certificate of Status Desired <input type="checkbox"/>				\$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- NAPLES, FL 34102			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; padding: 2px; display: inline-block;">SUITE C-200</div> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 P NAME WHALEN, MARTY STREET ADDRESS P.O. BOX 651 CITY-ST-ZIP GWYNEDD VALLEY, PA 194370651	<input type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME TALTON, TOM STREET ADDRESS 1301 7TH ST S, # 104 CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TS NAME TIFFANY, BOB STREET ADDRESS 1301 7TH ST. SOUTH CITY-ST-ZIP NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME NIELD, EDWARD STREET ADDRESS 2906 HALIFAX AVE CITY-ST-ZIP WESTCHESTER, IL 60154	<input type="checkbox"/> Delete		TITLE V.PRES. NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MCDONALD, JOHN STREET ADDRESS 1301 7TH ST S, #206 CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE SEC / TREAS NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME NICHOLS, RAY STREET ADDRESS 1301 7TH ST S, #101 CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE PRES NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: _____			2/22/08 John S. Green - Manager 239-434-2077		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					