

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753968

FILED
Apr 15, 2009
Secretary of State

Entity Name: ROYAL COVE CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1301 7TH ST. SOUTH
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2217067 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: WHALEN, MARTY
Address: P.O. BOX 651
City-St-Zip: GWYNEDD VALLEY, PA 194370651

Title: D () Delete
Name: TALTON, TOM
Address: 1301 7TH ST S, # 104
City-St-Zip: NAPLES, FL 34102

Title: VP () Delete
Name: NIELD, EDWARD
Address: 2906 HALIFAX AVE
City-St-Zip: WESTCHESTER, IL 60154

Title: ST () Delete
Name: MCDONALD, JOHN
Address: 1301 7TH ST S, #206
City-St-Zip: NAPLES, FL 34102

Title: P (X) Delete
Name: NICHOLS, RAY
Address: 1301 7TH ST S, #101
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: TALTON, TOM
Address: 1301 7TH ST S, # 104
City-St-Zip: NAPLES, FL 34102

Title: P (X) Change () Addition
Name: NIELD, EDWARD
Address: 2906 HALIFAX AVE
City-St-Zip: WESTCHESTER, IL 60154

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN S GREEN

MGR

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date