
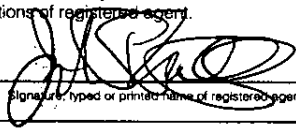
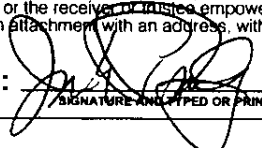


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90163 017 ****61.25

DOCUMENT # 755442					
1. Entity Name ROYAL OAK VILLAGE PATIO HOMES ASSOCIATION, INC.					
Principal Place of Business 700 - 900 BAY DRIVE NICEVILLE, FL 32578 US			Mailing Address P. O. BOX 5134 NICEVILLE, FL 32578 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 59-1480047	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JOHN P TOWNSEND BECKER & POLIAKOFF 348 MIRACLE STRIP PKWY SW #8 FORT WALTON BEACH, FL 32548				7. Name and Address of New Registered Agent Name JOSEPH PHILLIP Street Address (P.O. Box Number is Not Acceptable) 4502 E HWY 20 SUITE B City NICEVILLE FL Zip Code 32578	
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  JOSEPH P. PHILLIP PRESIDENT April 11, 2007 (NOTE: Registered Agent signature required when reinstating)					
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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIP, JOSEPH		NAME		
STREET ADDRESS	800 BAY DRIVE #6		STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIONNE, ROGER		NAME		
STREET ADDRESS	800 BAY DRIVE #3		STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALEY, ROBERT		NAME		
STREET ADDRESS	800 BAY DRIVE #7		STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIDGEN, DONNIE		NAME	PRIDGEN, DONNIE	
STREET ADDRESS	900 BAY DRIVE #54		STREET ADDRESS	900 BAY DRIVE # 54	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WENDLAND, AUDREY		NAME	KATHLEEN FLAGSTAD	
STREET ADDRESS	700 BAY DRIVE #1013		STREET ADDRESS	800 BAY DRIVE # 2	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DOUGLAS WILKINSON	
STREET ADDRESS			STREET ADDRESS	800 BAY DRIVE #8	
CITY-ST-ZIP			CITY-ST-ZIP	NICEVILLE, FL 32578	
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:  JOSEPH P. PHILLIP PRESIDENT APRIL 11, 2007 (NOTE: Registered Agent signature required when reinstating)					

40059310



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