

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755442

FILED
Apr 09, 2009
Secretary of State

Entity Name: ROYAL OAK VILLAGE PATIO HOMES ASSOCIATION, INC.

Current Principal Place of Business:

700 - 900 BAY DRIVE
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 5134
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 58-1480047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIP, JOSEPH
4502 E HWY 20
SUITE B
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

WILKINSON, DOUGLAS
4502 E HWY 20
SUITE B
NICEVILLE, FL 32578 US

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: DOUGLAS WILKINSON

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PHILLIP, JOSEPH
Address: 800 BAY DRIVE #6
City-St-Zip: NICEVILLE, FL 32578

Title: VD () Delete
Name: DIONNE, ROGER
Address: 800 BAY DRIVE #3
City-St-Zip: NICEVILLE, FL 32578

Title: TD () Delete
Name: WILKINSON, DOUGLAS
Address: 800 BAY DR. #8
City-St-Zip: NICEVILLE, FL 32578

Title: SD () Delete
Name: PRIDGEN, DONNIE
Address: 900 BAY DR #54
City-St-Zip: NICEVILLE, FL 32578

Title: TD () Delete
Name: SANFORD, JOE
Address: 900 BAY DR #57
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILKINSON, DOUGLAS
Address: 800 BAY DRIVE #8
City-St-Zip: NICEVILLE, FL 32578

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

Title: TD (X) Change () Addition
Name: CHIQUETTE, DIANE
Address: 900 BAY DR. #61
City-St-Zip: NICEVILLE, FL 32578

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

Title: D (X) Change () Addition
Name: ANDERSSON, KURT
Address: 900 BAY DR #56
City-St-Zip: NICEVILLE, FL 32578

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: DOUGLAS WILKINSON

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date