

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90011 033 ****61.25

DOCUMENT # 756316					
1. Entity Name ROYAL BEACH CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 800 ESTERO BLVD. FT. MYERS BEACH, FL 33931			Mailing Address 800 ESTERO BLVD. FT. MYERS BEACH, FL 33931		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2142182	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARNES, LINDA 800 ESTERO BLVD FT MYERS BCH, FL 33931			Name Street Address (P.O. Box Number is Not Acceptable) 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 <u>Linda Barnes, Manager</u> 2/20/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 D NAME GODFREY, ROBERT STREET ADDRESS 2965 WILLOW CREEK DR CITY-ST-ZIP GRANDVILLE, MI 49418	<input type="checkbox"/> Delete		TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME CHRISTLIEB, RICHARD STREET ADDRESS 859 SAN CARLOS DR CITY-ST-ZIP FT MYERS BCH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 11039 SEA TROPIC LN. CITY-ST-ZIP FT. MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WESTEGARD, DONNA STREET ADDRESS 312 ELDORADO PKWY SW CITY-ST-ZIP CAPE CORAL, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME BENNETT, CARLTON R. STREET ADDRESS STAR RT 62 BOX 240-A N/A CITY-ST-ZIP CENTER HARBOR, NH	<input checked="" type="checkbox"/> Delete		TITLE D NAME SCOTT BARNES STREET ADDRESS 16061-4 AMBERWOOD LK CITY-ST-ZIP FT. MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME LEBO, SUSAN STREET ADDRESS 6202 DELAWARE CITY-ST-ZIP INDIANAPOLIS, IN	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME CHRISTLIEB, SHIRLEY STREET ADDRESS 859 SAN CARLOS DR CITY-ST-ZIP FT MYERS BCH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <u>[Signature]</u> 2-24-06 463-9494 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					