


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90039 049 ****61.25

DOCUMENT # 756316	
1. Entity Name	
ROYAL BEACH CLUB CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
800 ESTERO BLVD. FT. MYERS BEACH FL 33931	800 ESTERO BLVD. FT. MYERS BEACH FL 33931

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



1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For
59-2142182		<input type="checkbox"/> Not Applicable
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 Linda Barnes, Agent 1/31/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODFREY, ROBERT	NAME	
STREET ADDRESS	2965 WILLOW CREEK DR	STREET ADDRESS	
CITY-ST-ZIP	GRANDVILLE MI 49418	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTLIEB, RICHARD	NAME	
STREET ADDRESS	11039 SEA TROPIC LN	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTEGARD, DONNA	NAME	
STREET ADDRESS	312 ELDORADO PKWY SW	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, SCOTT	NAME	
STREET ADDRESS	16061-4 AMBERWOOD LK	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBO, SUSAN	NAME	
STREET ADDRESS	6202 DELAWARE	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTLIEB, SHIRLEY	NAME	
STREET ADDRESS	859 SAN CARLOS DR	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BCH FL	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert V. Hoffman, President 2/16/07 (239) 463-9494
Signature of Officer or Director Date Daytime Phone #