2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State
04-24-2008 90104 009 ****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

DO NOT WRITE IN THIS SPACE

01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2142182
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARNES, LINDA
800 ESTERO BLVD
FT MYERS BCH, FL 33931

DO NOT WRITE IN THIS SPACE

7. 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 _____ DATE

Filing Fee is $61.25
Due by May 1, 2008

8. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GODFREY, ROBERT
STREET ADDRESS	2985 WILLOW CREEK DR
CITY-ST-ZIP	GRANDVILLE, MI 49418
TITLE	D
NAME	CHRISTLIEB, RICHARD
STREET ADDRESS	11039 SEA TROPIC LN
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	WESTEGARD, DONNA
STREET ADDRESS	312 ELDORADO PKWY SW
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	VP
NAME	BARNES, SCOTT
STREET ADDRESS	16081-4 AMBERWOOD LK
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	LEBO, SUSAN
STREET ADDRESS	6202 DELAWARE
CITY-ST-ZIP	INDIANAPOLIS, IN
TITLE	SD
NAME	CHRISTLIEB, SHIRLEY
STREET ADDRESS	859 SAN CARLOS DR
CITY-ST-ZIP	FT MYERS BCH, FL

DO NOT WRITE IN THIS SPACE

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: _____ 5/20/08

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #