2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756316

FILED Feb 16, 2009 Secretary of State

Entity Name: ROYAL BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Current Pr	incipal Plac	e of Business:	New Prince	New Principal Place of Business:		
800 ESTER FT. MYERS	RO BLVD. S BEACH, FL	33931				
Current Mailing Address:			New Maili	New Mailing Address:		
800 ESTER FT. MYERS	RO BLVD. S BEACH, FL	33931				
FEI Number:	59-2142182	FEI Number Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address	of New Registered Agent:	
BARNES, L 800 ESTER FT MYERS		931 US				
The above in the State		submits this statement for the pu	ırpose of changing i	ts registere	ed office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Ager	nt		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (GODFREY, RG 2965 WILLOW GRANDVILLE,	V CREEK DR	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (CHRISTLIEB, 11039 SEA TF FORT MYERS	ROPIC LN	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (WESTEGARD 312 ELDORAL CAPE CORAL	DO PKWY SW	Title: Name: Address: City-St-Zip:	TRES FISK, DAN 10261 MOO EDEN PRA		
Title: Name: Address: City-St-Zip:	VP (BARNES, SCO 16061-4 AMBI FORT MYERS	ERWOOD LK	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (LEBO, SUSAN 6202 DELAW/ INDIANAPOLIS	ARE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (CHRISTLIEB, 859 SAN CAR FT MYERS BO	LOS DR	Title: Name: Address: City-St-Zip:		() Change () Addition	

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: ROBERT GODFREY PD 02/16/2009