


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

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90374 030 ****61.25

DOCUMENT # 758949
1. Entity Name
ROYAL VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 1801 P.O. BOX 1801
TITUSVILLE FL 32781 TITUSVILLE FL 32781

2. Principal Place of Business 3. Mailing Address
Same as above *Same as above*
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)
4. FEI Number **59-2429057** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HUDECEK, LINDA
2089 HARRISON ST
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCGINNIS, PAULETTE	
STREET ADDRESS	2123 HARRISON ST	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VST	<input type="checkbox"/> Delete
NAME	KARICHKO, LISA	
STREET ADDRESS	6460 BEARD AVENUE	
CITY-ST-ZIP	PORT ST. JOHN FL 32927	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, PEGGY L	
STREET ADDRESS	2121 HARRISON ST	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLUMENTHAL, SUSAN	
STREET ADDRESS	3980 PINETOP BLVD	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARSSON, SCOTT	
STREET ADDRESS	2093 HARRISON ST	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Penny Aiken</i>	
STREET ADDRESS	<i>2125 Harrison St.</i>	
CITY-ST-ZIP	<i>Titusville, FL 32780</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Penny S. Aiken / Penny L. Aiken, President* 4/19/05 321-264-7840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #