

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90006 023 ****70.00

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



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

Mailing Address
 P.O. BOX 1801
 TITUSVILLE, FL 32781

50023578



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07182006 Chg-NP CR2E037 (4/06)

City & State

4. FEI Number
 59-2429057

Applied For
 Not Applicable

Zip Country Zip Country

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 Penny L. Aiken
 Street Address (P.O. Box Number is Not Acceptable)
2125 Harrison Street
 City Titusville FL Zip Code 32780

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 Penny L. Aiken Penny L. Aiken 7/28/06
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 6, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIXEN, PENNY		NAME	<u>Aiken, Penny</u>	
STREET ADDRESS	2125 HARRISON STREET		STREET ADDRESS	<u>2125 Harrison St.</u>	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	<u>Titusville, FL 32780</u>	
TITLE	VST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARICHKO, LISA		NAME		
STREET ADDRESS	6460 BEARD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. JOHN, FL 32927		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, PEGGY L		NAME		
STREET ADDRESS	2121 HARRISON ST		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUMENTHAL, SUSAN		NAME		
STREET ADDRESS	3980 PINETOP BLVD		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSSON, SCOTT		NAME		
STREET ADDRESS	2093 HARRISON ST		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Penny L. Aiken 7/28/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #