2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2007
Secretary of State

DOCUMENT# 761204

Entity Name: ROYAL OAKS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 12201
TALLAHASSEE, FL 323179201

New Principal Place of Business:

3898 RUNNYMEDE ROAD
TALLAHASSEE, FL 323092936

Current Mailing Address:

P.O. BOX 12201
TALLAHASSEE, FL 323179201

New Mailing Address:

FEI Number: 59-2145784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BURRIS, ANN
2391 LANCELOT DR
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: STANFORD, ROBIN
Address: 3898 RUNNYMEDE RD.
City-St-Zip: TALLAHASSEE, FL 32309

Title: V ( ) Delete
Name: WINEBRENNER, MURRAY
Address: 3907 FORSYTHE WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: FREDRICK, MARK
Address: 2463 LANCELOT DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: VERSURAH, VINCENT
Address: 2387 ROYAL OAKS DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Delete
Name: HILL, ED
Address: 3950 ROYAL OAKS DR
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HILL, ED
Address: 3950 ROYAL OAKS DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBIN STANFORD TREA 09/02/2007

Electronic Signature of Signing Officer or Director — Date