2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 761204

Entity Name: ROYAL OAKS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

3898 RUNNYMEDE ROAD
TALLAHASSEE, FL 323092936

New Principal Place of Business:

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 ( )**

Name and Address of Current Registered Agent:

WINNEBRENNER, MURRAY
3907 FORSYTHE WAY
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:	TREA	( ) Delete
Name:	STANFORD, ROBIN	
Address:	3898 RUNNYMEDE RD.	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	VICE	( ) Delete
Name:	MINNS, SHERRI	
Address:	2814 CHUMLEIGH CIRCLE	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	SECR	( ) Delete
Name:	KING, CINDY	
Address:	3017 BARCLAY COURT	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	BOD	( ) Delete
Name:	HILL, ED	
Address:	3950 ROYAL OAKS DR	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	BOD	(X) Delete
Name:	METCALF, VERNON	
Address:	3805 FORSYTHE WAY	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	BOD	(X) Delete
Name:	MCLEOD, JANE	
Address:	4036 YARDLEY CIRCLE	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 03/20/2009

Electronic Signature of Signing Officer or Director — Date