

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 766920**

1. Entity Name  
**ROYAL GARDEN VILLAS HOMEOWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**675 ROYAL PALM BEACH BLVD.  
ROYAL PALM BEACH, FL 33411**

Mailing Address  
**675 ROYAL PALM BEACH BLVD.  
ROYAL PALM BEACH, FL 33411**



01242007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2252266**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SANTAMARIA, JESS R  
255 PONDEROSA CT  
ROYAL PALM BEACH, FL 33411**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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 May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000664107  
03/22/07-80030-022 61.25

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SANTAMARIA, JESS R.  
STREET ADDRESS 255 PONDEROSA CT  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE SD  
NAME SANTAMARIA, VICTORIA  
STREET ADDRESS 255 PONDEROSA CT  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE VD  
NAME SANTAMARIA, CHRISTOPHER  
STREET ADDRESS 255 PONDEROSA CT  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #