2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# 767800

Entity Name: ROYALE BERMUDA TOWNHOUSE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1801 COOK AVE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1801 COOK AVE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-2428918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DON ASHER & ASSOC., INC
1801 COOK AVE
ORLANDO, FL 32806 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:	D	( ) Delete
Name:	LINGERFELT, BOBBY	
Address:	1019 BARCELONA WAY	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	PD	( ) Delete
Name:	AUSTIN, KASTY	
Address:	1048 BIMINI CT.	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	TP	( ) Delete
Name:	WILSON, BRUCE	
Address:	2019 BALBOA WAY	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	SD	( ) Delete
Name:	LEBLANE, JAMES	
Address:	1023 BARCELONA DRIVE	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	MAL	( ) Delete
Name:	RAUCH, ROCOR	
Address:	1108 BARCELONA WAY	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	MAL	( ) Delete
Name:	DINTELMAN, ROBBY	
Address:	2027 BALBOA WAY	
City-St-Zip:	KISSIMMEE, FL 34741	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	AUSTIN, KATY	
Address:	1048 BIMINI CT.	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	LEBLANC, JAMES	
Address:	1023 BARCELONA DRIVE	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	MAL	(X) Change ( ) Addition
Name:	RAUCH, ROGER	
Address:	1108 BARCELONA WAY	
City-St-Zip:	KISSIMMEE, FL 34741	
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: TASHA TORRES LCAM 02/03/2009

Electronic Signature of Signing Officer or Director — Date