

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770771

FILED
May 01, 2009
Secretary of State

Entity Name: ROYAL PALM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9031 TOWN CENTER PWY
BRADENTON, FL 34202 US

New Principal Place of Business:

Current Mailing Address:

9031 TOWN CENTER PWY
BRADENTON, FL 34202 US

New Mailing Address:

FEI Number: 59-2388439 **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:

Name and Address of New Registered Agent:

AMI - ADVANCED MANAGEMENT
9031 TOWN CENTER PWY
BRADENTON, FL 34202 US

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: DP () Delete
Name: WUERTZ, MICHAEL
Address: 5330 ROYAL PALM AVE.
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: MACCONNELL, MARILYN
Address: 5354 ROYAL PALM AVE
City-St-Zip: SARASOTA, FL 34234

Title: AS () Delete
Name: WILSON, DOUGLAS E
Address: 9031 TOWN CENTER PKWY
City-St-Zip: BRADENTON, FL 34202

Title: S () Delete
Name: HALL, ROBERT
Address: 5372 ROYAL PALM AVE
City-St-Zip: SARASOTA, FL 34234

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:

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: DOUGLAS E WILSON

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date