

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770840

FILED  
Apr 25, 2007  
Secretary of State

**Entity Name:** ROYAL OAK VILLAS HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4400 HIGHWAY 20 E  
SUITE 313  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

200 MAGNOLIA BLVD  
NICEVILLE, FL 32578 US

**Current Mailing Address:**

P O BOX 5036  
NICEVILLE, FL 32578 US

**New Mailing Address:**

P O BOX 5176  
NICEVILLE, FL 32578 US

**FEI Number:** 59-2594766

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURMAN, LINDA  
1000 BAY DRIVE #510  
NICEVILLE, FL 32578 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: STD ( ) Delete  
Name: LINDSTROM, ANDREW  
Address: 1000 BAY DR, #524  
City-St-Zip: NICEVILLE, FL 32578

Title: PD ( ) Delete  
Name: DELBELLO, THOMAS J  
Address: 1000 BAY DRIVE #525  
City-St-Zip: NICEVILLE, FL 32578

Title: VPD ( ) Delete  
Name: BURMAN, LINDA J  
Address: 100 BAY DRIVE #510  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: SPRING, CARL  
Address: 1000 BAY DR, #529  
City-St-Zip: NICEVILLE, FL 32578

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

Title: SD (X) Change ( ) Addition  
Name: BURMAN, LINDA J  
Address: 1000 BAY DRIVE #510  
City-St-Zip: NICEVILLE, FL 32578

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: THOMAS J DELBELLO

PD

04/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date