

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770840

FILED  
Mar 15, 2009  
Secretary of State

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

**Current Principal Place of Business:**

200 MAGNOLIA BLVD  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

1328 N. FERDON BLVD.  
STE. 321  
CRESTVIEW, FL 32536 US

**Current Mailing Address:**

P O BOX 5176  
NICEVILLE, FL 32578 US

**New Mailing Address:**

1328 N. FERDON BLVD.  
STE. 321  
CRESTVIEW, FL 32536 US

**FEI Number:** 59-2594766

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROCKWEILER, BONNIE  
1000 BAY DRIVE #512  
NICEVILLE, FL 32578 US

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

MCCANN, RONALD  
1328 N. FERDON BLVD.  
STE. 321  
CRESTVIEW, FL 32536 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: RONALD MCCANN

03/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: SPRING, CARL  
Address: 1000 BAY DR, #529  
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: SD ( ) Delete  
Name: ROCKWEILER, BONNIE J  
Address: 1000 BAY DRIVE #512  
City-St-Zip: NICEVILLE, FL 32578

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

Title: PD (X) Change ( ) Addition  
Name: DELBELLO, THOMAS J  
Address: 1000 BAY DR, #525  
City-St-Zip: NICEVILLE, FL 32578

Title: VPD (X) Change ( ) Addition  
Name: MALLORY, JERRY J  
Address: 1000 BAY DRIVE #506  
City-St-Zip: NICEVILLE, FL 32578

Title: STD (X) Change ( ) Addition  
Name: LINDSTROM, ANDREW G  
Address: 1000 BAY DRIVE #524  
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: RONALD MCCANN

RA

03/15/2009

Electronic Signature of Signing Officer or Director

Date