

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813647

FILED
Jan 14, 2009
Secretary of State

Entity Name: ROYAL PALM IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

1650 SOUTH DIXIE HIGHWAY
#100
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

1650 SOUTH DIXIE HIGHWAY
#100
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 59-6081042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNER, LARRY E P.A.
750 SOUTH DIXIE HWY.
BOCA RATON, FL 33432 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: P () Delete
Name: NOVICK, LYNN C
Address: 242 ROYAL PALM WAY
City-St-Zip: BOCA RATON, FL 33432

Title: T () Delete
Name: TELLER KAYE, JUDITH
Address: 2405 MAYA PALM DR
City-St-Zip: BOCA RATON, FL 33432

Title: VP () Delete
Name: LAWLESS, PAUL
Address: 1415 FAN PALM ROAD
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: JONES, ROBERT
Address: 1481 ROYAL PALM WAY
City-St-Zip: BOCA RATON, FL 33432

Title: VP () Delete
Name: GROSSMAN, ARMAND
Address: 474 E CAMINO REAL
City-St-Zip: BOCA RATON, FL 33432

Title: S () Delete
Name: DUPUIS, RICHARD
Address: 240 SABAL PALM TERRACE
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: G (X) Change () Addition
Name: LAWLESS, PAUL
Address: 1415 FAN PALM ROAD
City-St-Zip: BOCA RATON, FL 33432

Title: G (X) Change () Addition
Name: JONES, ROBERT
Address: 1481 ROYAL PALM WAY
City-St-Zip: BOCA RATON, FL 33432

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: LYNNE CHANDLER NOVICK

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date