

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90042 004 ***150.00

DOCUMENT # H50360

1. Entity Name

ROYAL PALMS HOME OWNERS, INC.



Principal Place of Business

8705 S. TAMiami TRAIL
TREAS. #104
SARASOTA FL 34238
US

Mailing Address

8705 S. TAMiami TR., #104
ROYAL PALM MHP
SARASOTA FL 34238
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-2787058

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNT, GERALDINE
8705 S. TAMiami TR.
#4
SARASOTA FL 34238

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Virginia Schlaffer*

Virginia Schlaffer

3-4-08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☒ Delete
NAME	HUNT, GERALDINE	
STREET ADDRESS	8705 S. TAMiami TR #4	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	VP	☒ Delete
NAME	SHELDON, ROBERT	
STREET ADDRESS	8705 S. TAMiami TR #155	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	S	☒ Delete
NAME	BRADUR, DIANA	
STREET ADDRESS	8705 S. TAMiami TR #102	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	T	☐ Delete
NAME	SCHLAFFER, VIRGINIA	
STREET ADDRESS	8705 S. TAMiami TR #104	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	WEHK MARGARET L	☐ Change ☒ Addition
NAME	8705 S. TAMiami TR #42	
STREET ADDRESS	SARASOTA FL 34238	
CITY-ST-ZIP		
TITLE	VP	☐ Change ☐ Addition
NAME	TINTI ROSEMARIE	
STREET ADDRESS	8705 S. TAMiami TR #55	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	Sec.	☐ Change ☒ Addition
NAME	Ruthann Cosman	
STREET ADDRESS	8705 S. TAMiami TR #157	
CITY-ST-ZIP	SARASOTA, FLA. 34238	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Virginia Schlaffer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Virginia Schlaffer 3-4-08 941-9667478
DATE DAYTIME PHONE #