

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H50360

FILED
Mar 12, 2009
Secretary of State

Entity Name: ROYAL PALMS HOME OWNERS, INC.

Current Principal Place of Business:

8705 S. TAMIAMI TRAIL
TREAS. #104
SARASOTA, FL 34238 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2787058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FULLEN, CHARLES
8705 S. TAMIAMI TR.
#158
SARASOTA, FL 34238 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: CHARLES FULLEN

03/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEHR, MARGARET L
Address: 8705 S. TAMIAMI TRAIL #42
City-St-Zip: SARASOTA, FL 34238

Title: VP () Delete
Name: TINTI, ROSEMARIE
Address: 8705 S. TAMIAMI TRAIL #55
City-St-Zip: SARASOTA, FL 34238

Title: S () Delete
Name: RUTHANN, COSMAN
Address: 8705 S. TAMIAMI TRAIL #157
City-St-Zip: SARASOTA, FL 34238

Title: T () Delete
Name: SCHLAFFER, VIRGINIA
Address: 8705 S. TAMIAMI TR #104
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FULLEN, CHARLES
Address: 8705 S. TAMIAMI TRAIL #158
City-St-Zip: SARASOTA, FL 34238

Title: VP (X) Change () Addition
Name: FINCH, HUBBLE
Address: 8705 S. TAMIAMI TRAIL #39
City-St-Zip: SARASOTA, FL 34238

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA SCHLAFFER

TRES

03/12/2009

Electronic Signature of Signing Officer or Director

Date