


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90262 034 ****70.00

DOCUMENT # N00000002946		
1. Entity Name ROYAL PALM VILLAGE RESIDENTS, INC.		

20045916



Principal Place of Business 3000 U.S. HWY. 17-92 W. HAINES CITY, FL 33844	Mailing Address 3000 US HWY 17-92 W LOT 111 HAINES CITY, FL 33844
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2. Principal Place of Business	3. Mailing Address 3000 US Hwy 17-92 W Lot 100
Suite, Apt. #, etc.	Suite, Apt. #, etc. Lot 100

04202005 Chg-NP CR2E037 (10/03)

City & State Haines City, FL	City & State Haines City, FL
Zip 33844	Country Polk

4. FEI Number
59-2533564

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHRISTENSON, JOYCE M 3000 US HWY 17-92 W LOT 111 HAINES CITY, FL 33844	7. Name and Address of New Registered Agent Name: McLaughlin, Theresa L. Street Address (P.O. Box Number is Not Acceptable) 3000 US HWY 17-92 W Lot 100 City: Haines City FL Zip Code: 33844
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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: Theresa L. McLaughlin Theresa L. McLaughlin 4/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YODERS, JOANNE 3000 US HWY 17/92 W, LOT 531 HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINKEL, DEAN 3000 US HWY 17/92 W, LOT 1 HAINES CITY, FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lee, Roger 3000 US HWY 17-92 W, Lot 88 Haines City, FL 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHRISTENSON, JOYCE 3000 US HWY 17/92 W, LOT 111 HAINES CITY, FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S McLaughlin, Theresa 3000 US HWY 17-92 W, Lot 100 Haines City, FL 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERENE, SUZANNE 3000 US HWY 17/92 W, LOT 295 HAINES CITY, FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Danzig, Sandra 3000 US HWY 17-92 W, Lot 89 Haines City, FL 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, TOM 3000 US HWY 17/92 W, LOT 292 HAINES CITY, FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pasbrig, Jerry 3000 US HWY 17-92 W, Lot 217 Haines City, FL 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELDERS, ALEN 3000 US HWY 17/92 W, LOT 108 HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Theresa L. McLaughlin Theresa L. McLaughlin 4/20/05 863-921-3068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #