

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002946

FILED  
Apr 22, 2011  
Secretary of State

**Entity Name:** ROYAL PALM VILLAGE RESIDENTS, INC.

**Current Principal Place of Business:**

3000 U.S. HWY. 17-92 W.  
LOT 503  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

3000 U.S. HWY. 17-92W.  
LOT 78  
HAINES CITY, FL 33844

**New Mailing Address:**

**FEI Number:** 59-2533564

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHATZMAN, BONITA B  
3000 US HWY 17-92 W  
LOT 78  
HAINES CITY, FL 33844 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  
**Name:** LEMONNIER, JAMES  
**Address:** 3000 US HWY 17 92 W LOT 130  
**City-St-Zip:** HAINES CITY, FL 33844

**Title:** VP  
**Name:** PASBRIG, JERRY  
**Address:** 3000 US HWY 17-92W LOT 217  
**City-St-Zip:** HAINES CITY, FL 33844

**Title:** S  
**Name:** LEE, JUDY  
**Address:** 3000 US HWY 17-92 W LOT 88  
**City-St-Zip:** HAINES CITY, FL 33844

**Title:** T  
**Name:** SCHATZMAN, BONITA J TREASUR  
**Address:** 3000 US HWY 17-92W LOT 78  
**City-St-Zip:** HAINES CITY, FL 33844

**Title:** D  
**Name:** BARTOS, ROBERT  
**Address:** 3000 US HWY 17-92W LOT 304  
**City-St-Zip:** HAINES CITY, FL 33844

**Title:** D  
**Name:** BACKOWSKI, JIM  
**Address:** 3000 US HWY 17/92 W LOT 77  
**City-St-Zip:** HAINES CITY, FL 33844

I hereby 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 all other like empowered.

**SIGNATURE:** BONITA B SCHATZMAN

S

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date