

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005877

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** ROYAL SEAESTA OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4400 HYW 20 E  
SUITE 312  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5263  
NICEVILLE, FL 32578

**New Mailing Address:**

**FEI Number:** 59-3670620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LANDSBERGER, DARLANE  
4400 HWY 20 E  
SUITE 312  
NICEVILLE, FL 32578 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: PD ( ) Delete  
Name: RICHMOND, DIANNE J  
Address: 1986 SCENIC GULF DRIVE #7  
City-St-Zip: DESTIN, FL 32550 US

Title: VD ( ) Delete  
Name: CARROLL, WES  
Address: 2715 N OCEAN BLVD UNIT PHC  
City-St-Zip: FT LAUDERDALE, FL 33308 US

Title: STD ( ) Delete  
Name: PATTERSON, TED  
Address: 1000 BLAKEFIELD DR  
City-St-Zip: BRENTWOOD, TN 37027 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: THRUSH, DIANNA  
Address: P.O. BOX 226  
City-St-Zip: ST JOSEPH, IL 61873 US

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: DIANNE RICHMOND

PD

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date