## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001469

Address:

City-St-Zip:

933 BEVILLE ROAD #103F

DAYTONA BEACH, FL 32119

ROYAL PALM PLID RESIDENTS' ASSOCIATION, INC.

FILED Apr 15, 2004 Secretary of State

Entity Name: ROYAL PALM PUD RESIDENTS' ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2180 W. SR 434 STE 5000 LONGWOOD, FL 327795044 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 327795044 FEI Number: 42-1529998 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES JR HART, JAMES W JR 2180 W SR 434 STE 5000 2180 W SR 434 LONGWOOD, FL 32779 US SUITE 5000 LONGWOOD, FL 32779 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: JAMES W HART JR 04/15/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PTD () Change () Addition () Delete SCHWARTZ, WINSTON Name: Name: Address: 933 BEVILLE ROAD #103F Address: City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: Title: VPD () Delete Title: () Change () Addition Name: ADLEY, JAMIE A Name: Address: 933 BEVILLE ROAD #103F Address: City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: Title: () Delete Title: () Change () Addition SCHWARTZ, CHARLOTTE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: WINSTON SCHWARTZ PD 04/15/2004