


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90337 013 ****61.25

DOCUMENT # N01000001469

1. Entity Name
 ROYAL PALM PUD RESIDENTS' ASSOCIATION, INC.



Principal Place of Business
 1166 PELICAN BAY DR.
 DAYTONA BEACH, FL 32119

Mailing Address
 1166 PELICAN BAY DR.
 DAYTONA BEACH, FL 32119

2. Principal Place of Business - No P.O. Box #
 933 Beville Rd
 Suite, Apt. #, etc.
 Suite 103-F

3. Mailing Address
 933 Beville Rd
 Suite, Apt. #, etc.
 Suite 103-F

City & State
 South Daytona, FL

City & State
 South Daytona, FL

Zip
 32119

Country

Country



03132008 Chg-NP CR2E037 (12/06)

4. FEI Number
 42-1529998

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KAGZA, CHARLES N
 933 BEVILLE ROAD, SUITE 103-F
 SOUTH DAYTONA, FL 32119

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	SCHWARTZ, WINSTON	933 BEVILLE ROAD #103F	DAYTONA BEACH, FL 32119	<input type="checkbox"/>
TD	ADLEY, JAMIE A	933 BEVILLE ROAD #103F	DAYTONA BEACH, FL 32119	<input type="checkbox"/>
VPD	SCHWARTZ, CHARLOTTE	933 BEVILLE ROAD #103F	DAYTONA BEACH, FL 32119	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08 386 760 2535
 Date Daytime Phone #