2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001740

FILED Apr 14, 2006 Secretary of State

Entity Name: ROYAL OAKS OF SEMINOLE COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1600 WEST COLONIAL DRIVE
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address: New Mailing Address:

PO BOX 531010 ORLANDO, FL 328531010 US

FEI Number: 59-3726716 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:

THE MELROSE MGMT GROUP 1600 WEST COLONIAL DRIVE ORLANDO, FL 32804 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:

Flateria Circulus of Busidess I Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:P () DeleteTitle:P (X) Change () AdditionName:BUFFINGTON, BOBName:ZAMBRANO, MANNYAddress:863 NONASTONE RUNAddress:1586 EARHART LANE

City-St-Zip: CASSELBERRY, FL 32707 US City-St-Zip: CASSELBERRY, FL 32707 US

Title: VP () Delete Title: VP (X) Change () Addition

Name: ZAMBRANO, MANNY Name: ECK, JIM

Address: 1586 EARHART LANE Address: 1405 WAUKON CIRCLE
City-St-Zip: CASSELBERRY, FL 32707 US City-St-Zip: CASSELBERRY, FL 32707 US

Title: T () Delete Title: () Change () Addition

Name: NAYLON, TIM Name:
Address: 1385 WAUKON CIRCLE Address:

City-St-Zip: CASSELBERRY, FL 32707 US City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 STEELE, PHIL
 Name:
 BUFFINGTON, BOB

 Address:
 1489 WAUKON CIRCLE
 Address:
 863 NONASTONE RUN

 City-St-Zip:
 CASSELBERRY, FL 32707 US
 City-St-Zip:
 CASSELBERRY, FL 32707 US

Title: D () Delete Title: D (X) Change () Addition

Name:ECK, JIMName:TELEP, PETERAddress:1405 WAUKON CIRCLEAddress:1445 WAUKON CIRCLECity-St-Zip:CASSELBERRY, FL 32707 USCity-St-Zip:CASSELBERRY, FL 32707 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MANNY ZAMBRANO P 04/14/2006