

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2008
Secretary of State**

DOCUMENT# N01000001740

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:

New Mailing Address:

1600 WEST COLONIAL DRIVE
ORLANDO, FL 32804

Current 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:

HANSON, JACK
1600 WEST COLONIAL DRIVE
ORLANDO, FL 32804 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: DP () Delete
Name: ZAMBRANO, MANNY
Address: 1586 EARHART LANE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: DVP () Delete
Name: ECK, JIM
Address: 1405 WAUKON CIRCLE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: DT/S () Delete
Name: TELEP, PETER
Address: 1445 WAUKON CIRCLE
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BUFFINGTON, BOB
Address: 863 NONASTONE RUN
City-St-Zip: CASSELBERRY, FL 32707 US

Title: DVP (X) Change () Addition
Name: TELEP, PETER
Address: 1445 WAUKON CIRCLE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: D (X) Change () Addition
Name: ZAMBRANO, MANNY
Address: 1586 EARHART LANE
City-St-Zip: CASSELBERRY, FL 32707 US

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: BOB BUFFINGTON

DP

04/15/2008

Electronic Signature of Signing Officer or Director

Date