

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000004450	
1. Entity Name ROYAL SPRINGS PROPERTY OWNERS' ASSOCIATION, INC.	



Principal Place of Business ONE S.E. THIRD AVENUE SUITE 3050 MIMAI, FL 33131	Mailing Address ONE S.E. THIRD AVENUE SUITE 3050 MIMAI, FL 33131
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01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 16-1646944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  ROSENBERG, DONALD S ONE S.E. THIRD AVENUE SUITE 3050 MIMAI, FL 33131
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD ROSENBERG, DONALD S ONE S.E. THIRD AVENUE #3050 MIMAI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ROSENBERG, LORI E ONE S.E. THIRD AVENUE #3050 MIMAI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HOFMANN, ROBERT L 3161 N.W. 112TH AVENUE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000176295 01/10/05-80086-014 70.00
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>1.6.05</i> 305-358 2600 Daytime Phone #
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