2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 08, 2007 8:00 am Secretary of State 03-08-2007 90007 032 ****70.00 DOCUMENT # N02000004450 ROYAL SPRINGS PROPERTY OWNERS' ASSOCIATION. 40031618 Principal Place of Business Mailing Address ONE S.E. THIRD AVENUE ONE S.E. THIRD AVENUE **SUITE 3050 SUITE 3050** MIMAI, FL 33131 MIMAI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-NP CR2E037 (12/06) 4. FEI Number 16-1646944 City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSENBERG, DONALD S Street Address (P.O. Box Number is Not Acceptable) ONE S.E. THIRD AVENUE SUITE 3050 : MIMAI, FL 33131 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. **PSD** TITLE Delete TITLE ☐ Change ☐ Addition NAME ROSENBERG, DONALD S NAME ONE S.E. THIRD AVENUE #3050 STREET ADORESS STREET ADORESS CITY-ST-ZIP MIMAI, FL 33131 CITY-ST-ZIP TD ☐ Delete TITLE TITLE ☐ Change ☐ Addition ROSENBERG, LORI E NAME MAARE ONE S.E. THIRD AVENUE #3050 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIMAI, FL 33131 CITY-ST-7IP VD Delete TITLE TITLE ☐ Channe ☐ Addition HOFMANN, ROBERT L NAME NAME STREET ADDRESS 3161 N.W. 112TH AVENUE STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME

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 the empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CHY-ST-ZIP

TITLE

NAME

1.5.07 305 358 2600

☐ Change

☐ Addition

FILED