


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90038 021 ****61.25

DOCUMENT # N03000001956					
1. Entity Name ROYAL RIVER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4780 N. STATE ROAD 7 - E-250 FORT LAUDERDALE, FL 33319			Mailing Address 4780 N. STATE ROAD 7 - E-250 FORT LAUDERDALE, FL 33319		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0789971	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHOENIX MANAGEMENT SERVICES, INC 4780 N. STATE ROAD 7 - E-250 FORT LAUDERDALE, FL 33319			7. Name and Address of New Registered Agent Name <u>Phoenix Management Services Inc</u> Street Address (P.O. Box Number is Not Acceptable) <u>4800 N. State Rd 7 #105F</u> City <u>LAUD. LAKES</u> FL Zip Code <u>33319</u>		
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHANG, HUGH 2901 RIVERSIDE DRIVE #306 POMPANO BEACH, FL 33065 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD STEVENS, TOM 2901 RIVERSIDE DRIVE #124 POMPANO BEACH, FL 33065 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD # ARCADEL, JUAN 2901 RIVERSIDE DR #305 CORAL SPRINGS FL 33065 <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCALIA, JOE 2901 RIVERSIDE DRIVE #204 POMPANO BEACH, FL 33065 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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4. FEI Number
01-0789971

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

7. Name and Address of New Registered Agent
 Name Phoenix Management Services Inc
 Street Address (P.O. Box Number is Not Acceptable)
4800 N. State Rd 7 #105F
 City LAUD. LAKES FL Zip Code 33319

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 _____
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TD CHANG, HUGH 2901 RIVERSIDE DRIVE #306 POMPANO BEACH, FL 33065 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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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: JOSEPH SCALIA JR President 05/23/08 561-305-2611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #