2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jun 25, 2008 8:00 am Secretary of State 06-25-2008 90009 020 ****61.25

DOCUMENT # N03000001960 ROYAL RIVER II CONDOMINIUM ASSOCIATION, INC. 40109081 Principal Place of Business Mailing Address 4780 N STATE ROAD, 7 4780 N STATE ROAD, 7 E-250 E-250 LAUDERDALE LAKES, FL 33319 LAUDERDALE LAKES, FL 33319 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 01-0789973 City & State Applied For Not Applicable Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PHOENIX MANAGEMENT SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) 4780 N STATE RD 7 LAUDERDALE LAKES, FL 33319 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2008 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE TITLE ☐ Delete ☐ Change ☐ Addition FOLTA-KOWALSKA, ALICIJA NAME NAME 2941 RIVERSIDE DR, # 108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP TD TITLE ☐ Change ☐ Addition TAPSCO, FREDDY NAME RICAROO BAEZA NAME Riverside OC #203 Springs, FL 33065 STREET ADDRESS 2941 RIVERSIDE DRIVE, # 104 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-7IP VPSD TITLE ☐ Delete TITLE Change ☐ Addition FAGEN, KARA NAME NAME STREET ADDRESS 2941 RIVERSIDE DR. #206 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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.

CITY-ST-ZIP

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #