

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90042 020 \*\*\*\*61.25

<b>DOCUMENT # N03000005440</b>					
<b>1. Entity Name</b> ROYAL PALM HIGHLANDERS, INC.					
<b>Principal Place of Business</b> C/O VINCE SIBEL 1101 LANDINGS BLVD. WEST PALM BEACH, FL 33413			<b>Mailing Address</b> C/O VINCE SIBEL 1101 LANDINGS BLVD. WEST PALM BEACH, FL 33413		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 42-1597809	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SIBEL, VINCE 1101 LANDINGS BLVD. WEST PALM BEACH, FL 33413			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE <u>Vince Sibel</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>1/10/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> MCQUAY, ROBIN <b>STREET ADDRESS</b> 115A VENETIAN DRIVE <b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> ROBIN MCQUAY, ROBIN <b>STREET ADDRESS</b> 542 CANOE PT <b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> SIMON-BOWER, ORVAL <b>STREET ADDRESS</b> 3790 BERESFORD RD WEST <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33413	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPAT CROWLEY <b>NAME</b> 115 YALE DR. <b>STREET ADDRESS</b> LAKE WORTH, FL 33460 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> ROOS, KATE <b>STREET ADDRESS</b> 8 QUAIL RUN LANE <b>CITY-ST-ZIP</b> STUART, FL 34996	<input type="checkbox"/> Delete		<b>TITLE</b> ST <b>NAME</b> ROOS, KATE <b>STREET ADDRESS</b> 159 EVERGREENE PKWY <b>CITY-ST-ZIP</b> PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PM <b>NAME</b> SIBEL, VINCE <b>STREET ADDRESS</b> 1101 LANDINGS BLVD. <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PS <b>NAME</b> RICHARDSON, JIM <b>STREET ADDRESS</b> 103 SWAN PARKWAY WEST <b>CITY-ST-ZIP</b> ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Kate Roos</u> <b>KATE ROOS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/6/05</u> Daytime Phone # <u>561-776-1871</u>		

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