2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N03000005440

Entity Name: ROYAL PALM HIGHLANDERS, INC,

Current Principal Place of Business:

C/O VINCE SIBEL
1101 LANDINGS BLVD.
WEST PALM BEACH, FL 33413

New Principal Place of Business:

Current Mailing Address:

C/O VINCE SIBEL
1101 LANDINGS BLVD.
WEST PALM BEACH, FL 33413

New Mailing Address:

FEI Number: 42-1597809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIBEL, VINCE
1101 LANDINGS BLVD.
WEST PALM BEACH, FL 33413 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MCQUAY, ROBIN	
Address:	542 CANOE PT	
City-St-Zip:	DELRAY BEACH, FL 33444	
Title:	V	( ) Delete
Name:	CROWLEY, PAT	
Address:	115 YALE DR	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	PM	( ) Delete
Name:	SIBEL, VINCE	
Address:	1101 LANDINGS BLVD.	
City-St-Zip:	WEST PALM BEACH, FL 33413	
Title:	PS	( ) Delete
Name:	RICHARDSON, JIM	
Address:	103 SWAN PARKWAY WEST	
City-St-Zip:	ROYAL PALM BEACH, FL 33411	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT CROWLEY V 04/14/2009

Electronic Signature of Signing Officer or Director — Date