

ANNUAL REPORT (AR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 10 PM 3:02

DOCUMENT # N04000000672

1. Entity Name
ROYAL PALMS OF LAGUNA BEACH SHORES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business: **20413 FRONT BEACH ROAD PANAMA CITY BEACH FL 32403**
Mailing Address: **20413 FRONT BEACH ROAD PANAMA CITY BEACH FL 32403**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



1st MOORE CR2E037 (10/07)

4. FEI Number **20-3382869** Applied For: Not Applied

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

6. Name and Address of Current Registered Agent
**HONEYCUTT, WILLIAM W
20413 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32403**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL 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 acceptable. (NOTE: Registered Agent signature required when remaining)

FILE NOW: FEE IS \$61.25
Due By May 1, 2009

9. Election Campaign Financing Trust Fund Contribution. **\$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	PT HONEYCUTT, WILLIAM 20413 FRONT BEACH RD PANAMA CITY BEACH FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HONEYCUTT, RENA E 20413 FRONT BEACH RD PANAMA CITY BEACH FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

William Honeycutt
WILLIAM HONEYCUTT - 2-17-09 - 923-902-6192

KS