

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90076 038 ****61.25

DOCUMENT # N05000005309

1. Entity Name
ROYAL PALM POINTE OF VERO BEACH CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
3001 OCEAN DR., STE. 202
VERO BEACH, FL 32963

Mailing Address
3001 OCEAN DR., STE. 202
VERO BEACH, FL 32963

40099637



2. Principal Place of Business - No P.O. Box #
333 17TH ST
Suite, Apt. #, etc.
STE 2L
City & State
VERO BEACH
Zip
FL
Country
32960

3. Mailing Address
333 17TH ST
Suite, Apt. #, etc.
STE 2L
City & State
VERO BEACH
Zip
FL
Country
32960

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
54-2176547

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
COLLINS, GEORGE G. JR., ESQ
756 BEACHLAND BLVD.
VERO BEACH, FL 32963

7. Name and Address of New Registered Agent
Name
ALAN P ROMANO
Street Address (P.O. Box Number is Not Acceptable)
C/O AR CHOICE MANAGEMENT INC
333 17TH ST SUITE 2L
City
VERO BEACH
FL
Zip Code
32960

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 ALAN P ROMANO [Signature] 4/26/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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	DP D'HAESELEER, RONALD V. 1401 HWY A1A, 2ND FLOOR VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT RAMSDELL DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 333 17TH ST STE 2L VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PETERS, FREDERICK C. II 1401 HWY A1A, 2ND FLOOR VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN GLORIEUX DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 333 17TH ST STE 2L VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST EMRICK, CATHERINE 1401 HWY A1A 2ND FLOOR VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NANCY HOPWOOD DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 333 17TH ST STE 2L VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOUIS PERKINS DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 333 17TH ST STE 2L VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BROOM D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 333 17TH ST STE 2L VERO BEACH, FL 32960
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"/> Addition

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: Robert C Ramsdell 26 Apr 07 772-778-4056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #