


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90008 030 ****61.25

DOCUMENT # N05000012348 1. Entity Name ROYAL ORLEANS PINELLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 13030 GULF BLVD MADEIRA BEACH, FL 33708 US			Mailing Address 13030 GULF BLVD MADEIRA BEACH, FL 33708 US		
2. Principal Place of Business - No P.O. Box # 16333 Gulf Blvd		3. Mailing Address Suite, Apt. #, etc.			
City & State Redington Beach, FL		City & State Suite, Apt. #, etc.		4. FEI Number 20-4230115	
Zip 33708		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOTAL REALTY SERVICES, INC. 13030 GULF BLVD MADEIRA BEACH, FL 33708			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P NAME HALL, KEITH STREET ADDRESS 6102 COGNAC CIR CITY-ST-ZIP LUTZ, FL 33558	<input checked="" type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> President NAME Michelle Porter STREET ADDRESS 2552 W. Vina Del Mar CITY-ST-ZIP St. Petersburg, FL 33706	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME PORTER, MICHELLE STREET ADDRESS 2552 W VINA DEL MAR CITY-ST-ZIP SAINT PETERSBURG, FL 33706	<input checked="" type="checkbox"/> Delete		TITLE Vice President NAME Marianne VandeVrede STREET ADDRESS 551 Lillian Dr. CITY-ST-ZIP Madeira Beach, FL 33708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST NAME ROBETS, ROBERT STREET ADDRESS 5654 COKHURST DR CITY-ST-ZIP SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete		TITLE Secretary/Treasurer NAME Anne Sherman STREET ADDRESS 3425 W. Kirby St. CITY-ST-ZIP Tampa, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	
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	
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: <i>Joseph J. [Signature]</i>			Date: 1/10/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					