


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90024 017 ****61.25

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|--|--|---|---|--|--|
| DOCUMENT # N06000001084 | | | |  | |
| 1. Entity Name ROYAL WOODS CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 8198 JOG RD., SUITE 200 BOYNTON BCH, FL 33437 | | Mailing Address 8198 JOG RD., SUITE 200 BOYNTON BCH, FL 33437 | | 40044000 | |
| 2. Principal Place of Business - No P.O. Box # 951 Broken Sound Pkwy Suite, Apt. #, etc. SUITE 108 | | 951 Broken Sound Pkwy Suite, Apt. #, etc. SUITE 108 | | 01042007 Chg-NP CR2E037 (12/06) | |
| City & State BOCA RATON, FL | | City & State BOCA RATON FL | | 4. FEI Number 14-1953940 | |
| Zip 33487 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ABRAMS, DAVID E 8198 JOG RD., SUITE 200 BOYNTON BCH, FL 33437 | | | 7. Name and Address of New Registered Agent Name: PAUL VALYO Street: 951 Broken Sound Parkway SUITE 108 City: BOCA RATON FL Zip Code: 33487 | | |
| 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: <u>Paul Valyo</u> Paul Valyo - Registered Agent 01/04/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when removing) DATE | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 '07 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BORKENHAGEN, KEVIN 8198 JOG RD., SUITE 200 BOYNTON BCH, FL 33437 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD EDWARD RAFAILOVITC 7040 W Palmetto Pk Rd, #396 Boca Raton, FL 33433 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD HORAN, MATT 8198 JOG RD., SUITE 200 BOYNTON BCH, FL 33437 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD IGOR ALVES 22111 MAJESTIC WOODS WAY BOCA RATON, FL 33428 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD REYNOLDS, MIKE 8198 JOG RD., SUITE 200 BOYNTON BCH, FL 33437 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD ELENA KISELGOFF 22172 MAJESTIC WOODS WAY BOCA RATON, FL 33428 | <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 | TD HEDDY AMSTEL 22102 MAJESTIC WOODS WAY BOCA RATON, FL 33428 | <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 | D NICHOLAS CHARNECO 22104 MAJESTIC WOODS WAY BOCA RATON, FL 33428 | <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 |
| 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: <u>Edward Rafailovite</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 01/04/07 Date | | 561-241-5995 Daytime Phone # |