

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008
Secretary of State

DOCUMENT# N06000001084

Entity Name: ROYAL WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

951 BROKEN SOUND PKWY STE 108
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

951 BROKEN SOUND PKWY STE 108
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 14-1953940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAFAILOVITC, EDWARD N
7040 W. PALMETTO PARK RD. #4-396
BOCA RATON, FL 33433 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: PD () Delete
Name: RAFAILOVITC, EDWARD N
Address: 7040 W. PALMETTO PARK RD #4-396
City-St-Zip: BOCA RATON, FL 33433

Title: DV () Delete
Name: PAULA, HAYES
Address: 22098 MAJESTIC WOODS WAY
City-St-Zip: BOCA RATON, FL 33433

Title: SD () Delete
Name: KISELGOFF, ELENA
Address: 22172 MAJESTIC WOODS WAY
City-St-Zip: BOCA RATON, FL 33428

Title: TD () Delete
Name: AMSTEL, HEDDY
Address: 22102 MAJESTIC WOODS WAY
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: KNIGHT, WILLIAM E
Address: 22188 MAJESTIC WOODS WAY
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: HAYES, PAULA
Address: 22098 MAJESTIC WOODS WAY
City-St-Zip: BOCA RATON, FL 33428

Title: D (X) Change () Addition
Name: SCHNEIDER, MERYL
Address: 22174 MAJESTIC WOODS WAY
City-St-Zip: BOCA RATON, FL 33428

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

Title: VD (X) Change () Addition
Name: KNIGHT, WILLIAM E
Address: 22186 MAJESTIC WOODS WAY
City-St-Zip: BOCA RATON, FL 33428

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: EDWARD N RAFAILOVITC

PD

03/04/2008

Electronic Signature of Signing Officer or Director

_____ Date