

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001084

FILED  
Feb 18, 2009  
Secretary of State

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:**

CROYLE, PHILIP J P.A.  
370 W CAMINO GARDENS BLVD.  
SUITE 300  
BOCA RATON, FL 33432 US

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: PHILIP J. CROYLE

02/18/2009

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

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

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

Title: VD (X) Delete  
Name: KNIGHT, WILLIAM E  
Address: 22186 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: T (X) Change ( ) Addition  
Name: AMSTEL, HEDDY  
Address: 22102 MAJESTIC WOODS WAY  
City-St-Zip: BOCA RATON, FL 33428

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

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

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

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: PAUL VALYO

PM

02/18/2009

Electronic Signature of Signing Officer or Director

Date