

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002480

FILED  
Mar 23, 2007  
Secretary of State

**Entity Name:** ROYAL PALM PARK ASSOCIATION, INC.

**Current Principal Place of Business:**

5700 WEST MIDWAY ROAD  
FORT PIERCE, FL 34981

**New Principal Place of Business:**

**Current Mailing Address:**

5700 WEST MIDWAY ROAD  
FORT PIERCE, FL 34981

**New Mailing Address:**

**FEI Number:** 02-0803590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARAVAGLIA, SR., MICHAEL J  
756 BEACHLAND BOULEVARD  
VERO BEACH, FL 32963 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: D ( ) Delete  
Name: GARAVAGLIA JR., MICHAEL J  
Address: 5700 WEST MIDWAY ROAD  
City-St-Zip: FORT PIERCE, FL 34981

Title: D ( ) Delete  
Name: PROCTOR, DONALD C  
Address: 5700 WEST MIDWAY ROAD  
City-St-Zip: FORT PIERCE, FL 34981

Title: D ( ) Delete  
Name: PETERS, II, FREDERICK C  
Address: 5700 WEST MIDWAY ROAD  
City-St-Zip: FORT PIERCE, FL 34981

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: MIKEGARAVAGLIA

D

03/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date