


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90027 004 ****61.25

DOCUMENT # N06000003195

1. Entity Name
ROYAL PALM ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
5011 GOLF CLUB LANE
BROOKSVILLE, FL 34609

Mailing Address
5011 GOLF CLUB LANE
BROOKSVILLE, FL 34609

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01082007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-5028100

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

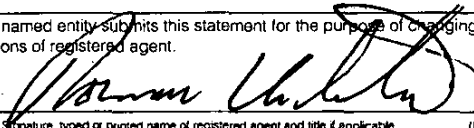
6. Name and Address of Current Registered Agent

UNDESTAD, NORMAN
5011 GOLF CLUB LANE
BROOKSVILLE, FL 34609

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  DATE **1-22-07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	UNDESTAD, NORMAN	
STREET ADDRESS	5011 GOLF CLUB LANE	
CITY - ST - ZIP	BROOKSVILLE, FL 34609	
TITLE	D	<input type="checkbox"/> Delete
NAME	UNDESTAD, TERRY	
STREET ADDRESS	5011 GOLF CLUB LANE	
CITY - ST - ZIP	BROOKSVILLE, FL 34609	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACKERT, SUSAN	
STREET ADDRESS	5011 GOLF CLUB LANE	
CITY - ST - ZIP	BROOKSVILLE, FL 34609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:  DATE **1-22-07** DAYTIME PHONE # **352-540-9742**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR