

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**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



**DO NOT WRITE IN THIS SPACE**

01092008 No Chg-NP CR2E037 (4/06)

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNDESTAD, NORMAN 5011 GOLF CLUB LANE BROOKSVILLE, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNDESTAD, TERRY 5011 GOLF CLUB LANE BROOKSVILLE, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKERT, SUSAN 5011 GOLF CLUB LANE BROOKSVILLE, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000837146  
 03/04/08-80045-004 61.25

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-08 352-540-9742  
 Date Daytime Phone #