



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N06000006686</b> 1. Entity Name <b>ROYAL WORLD CENTRE RESORT CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>703 COURT STREET CLEARWATER, FL 33756</b>			Mailing Address <b>703 COURT STREET CLEARWATER, FL 33756</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 2em; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em;">07 SEP 18 AM 11:44</div> <div style="font-size: 0.8em; margin-top: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  <div style="margin-top: 10px;">08232007    Chg-NP    CR2E037 (12/06)</div>	
City & State		City & State			
Zip                      Country		Zip                      Country			
4. FEI Number		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>  <b>JENNINGS III, THOMAS C 703 COURT STREET CLEARWATER, FL 33756</b>				<b>7. Name and Address of New Registered Agent</b>  Name <b>TRS, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>13030 Gulf Blvd</b> City <b>Madeira Beach</b> <b>FL</b> Zip Code <b>33708</b>	
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 <u><i>Joseph T. Jorgensen</i></u> (NOTE: Registered Agent signature required when reconstituting)    DATE _____ <small>Signature, typed or printed name of registered agent and fee, if applicable.</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DRILLICH, MARTIN C/O TRS, 13030 GULF BLVD MADEIRA BEACH, FL 337082639 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Joseph Jorgensen 13030 Gulf Blvd Madeira Beach, FL 33708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700108563017 09/18/07--01021--012    **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	09/18 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Joseph T. Jorgensen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					