



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90278 009 \*\*\*\*61.25

<b>DOCUMENT # N06000007884</b> 1. Entity Name <b>ROYAL POINCIANA WAY ASSOCIATION, INC.</b>			
Principal Place of Business <b>245 ROYAL POINCIANA WAY PALM BEACH, FL 33480</b>		Mailing Address <b>245 ROYAL POINCIANA WAY PALM BEACH, FL 33480</b>	
2. Principal Place of Business - No P.O. Box # <b>44 COCONUT ROW</b> Suite, Apt. #, etc. <b>Suite L102</b> City & State <b>Palm Beach, FL</b> Zip <b>33480</b> Country <b>USA</b>		3. Mailing Address <b>44 COCONUT ROW</b> Suite, Apt. #, etc. <b>Suite L102</b> City & State <b>Palm Beach, FL</b> Zip <b>33480</b> Country <b>USA</b>	
			
		04182007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>TESTA STOREY, JUDITH 221 ROYAL POINCIANA WAY PALM BEACH, FL 33480</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<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	P TESTA STOREY, JUDITH 221 ROYAL POINCIANA WAY PALM BEACH, FL 33480	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERT, LAUREN	NAME	
STREET ADDRESS	100 NORTH COUNTY ROAD	STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH, FL 33480	CITY - ST - ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTI, AMALIA	NAME	
STREET ADDRESS	245 ROYAL POINCIANA WAY	STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH, FL 33480	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	AMY SHAUGHNESSY
STREET ADDRESS		STREET ADDRESS	226 AUSTRALIAN - Apt #2
CITY - ST - ZIP		CITY - ST - ZIP	Palm Beach - FL 33480
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	PAMELA LEIKALA
STREET ADDRESS		STREET ADDRESS	44 COCONUT ROW - STE L102
CITY - ST - ZIP		CITY - ST - ZIP	Palm Beach, FL 33480
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	TEROME JUSKA
STREET ADDRESS		STREET ADDRESS	44 COCONUT ROW - STE T-10
CITY - ST - ZIP		CITY - ST - ZIP	Palm Beach, FL 33480
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>Terome Juska, Treasurer</u> <u>Pamela R. Leikala</u> <u>4/15/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			