

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007884

FILED
Jan 09, 2008
Secretary of State

Entity Name: ROYAL POINCIANA WAY ASSOCIATION, INC.

Current Principal Place of Business:

C/O PAMELA LEIKALA
44 COCONUT ROW SUITE L102
PALM BEACH, FL 33480 US

New Principal Place of Business:

Current Mailing Address:

C/O PAMELA LEIKALA
44 COCONUT ROW SUITE L102
PALM BEACH, FL 33480 US

New Mailing Address:

FEI Number: 20-5373697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TESTA STOREY, JUDITH
221 ROYAL POINCIANA WAY
PALM BEACH, FL 33480 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: V () Delete
Name: TESTA STOREY, JUDITH
Address: 221 ROYAL POINCIANA WAY
City-St-Zip: PALM BEACH, FL 33480

Title: VP () Delete
Name: SHAUGHNESSY, AMY
Address: 226 AUSTRALIAN APT 2
City-St-Zip: PALM BEACH, FL 33480

Title: T () Delete
Name: LEIKALA, PAMELA
Address: 44 COCONUT ROW STE L-102
City-St-Zip: PALM BEACH, FL 33480

Title: S () Delete
Name: JUSKA, JEROME
Address: 44 COCONUT ROW STE T-10
City-St-Zip: PALM BEACH, FL 33480

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:

Title: S (X) Change () Addition
Name: CHERYL, KNAPP
Address: 245 ROYAL POINCIANA WAY
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify 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: PAMELA LEIKALA

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01/09/2008

Electronic Signature of Signing Officer or Director

_____ Date