

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008742

FILED
Apr 28, 2009
Secretary of State

Entity Name: ROYAL FLORIDIAN SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

53 S. ATLANTIC AVE.
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6685
HILTON HEAD, SC 29938 US

New Mailing Address:

FEI Number: 20-5053369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, BRIAN M
300 S. ORANGE AVE.
STE. 1000
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

JONES, BRIAN M
300 SOUTH. ORANGE AVE.
STE. 1000
ORLANDO, FL 32801 US

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: _____

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: TAYLOR, KENNETH E.
Address: 53 S. ATLANTIC AVE.
City-St-Zip: ORMOND BEACH, FL 32176

Title: DP () Delete
Name: WILLIAMS, THOMAS P.
Address: 35 DEALLYON RD
City-St-Zip: HILTON HEAD, SC 29928

Title: DTS () Delete
Name: MATTHEWS, BASIL W.
Address: 59 POPE AVE
City-St-Zip: HILTON HEAD, SC 29928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: TAYLOR, KENNETH E PRES
Address: 53 S. ATLANTIC AVE.
City-St-Zip: ORMOND BEACH, FL 32176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BASIL MATTHEWS

DTS

04/28/2009

Electronic Signature of Signing Officer or Director

Date