



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000011859 1. Entity Name ROUND ISLAND PLANTATION HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 2655 N OCEAN DR #310 SINGER ISLAND, FL 33404	Mailing Address 2655 N OCEAN DR #310 SINGER ISLAND, FL 33404
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DO NOT WRITE IN THIS SPACE

	
04252008 No Chg-NP	CR2E037 (4/06)
4. FEI Number 26-0255939	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARMOUR, ALAN I II 1645 PALM BCH LAKES BLVD STE 1200 W PALM BCH, FL 33401	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 re-issuing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEATON, LEE 2655 N OCEAN DR STE 310 SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHMIDT, GEORGE 334 CARDINAL DR VERO BCH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPARK, BEVERLY A 2655 N OCEAN DR STE 310 SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/22/08-80032-014 61.25

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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: Beverly Spark Beverly Spark 4/25/08 5618335580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #