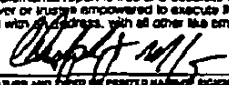


FILED
Jul 21, 2008 8:00 am
Secretary of State

05-19-2008 90038 047 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N07000005538			
1. Entity Name ROYAL PALM SQUARE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 8880 ROYAL PALM BLVD CORAL SPRINGS, FL 33065 US		Mailing Address 255 ALHAMBRA CIRCLE SUITE 325 CORAL GABLES, FL 33134 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number 04182008 Chg-NP		CR2E037 (12/06)	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MACNAIR, CHRISTOPHER J 255 ALHAMBRA CIRCLE SUITE 325 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ Signature, name or printed name of registered agent and title if applicable NOTE: Registered agent signature required when reporting DATE			
Filing Fee to \$41.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE	VP, S	☐ Delete	
NAME	MAC NAIR, CHRISTOPHER J		
STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 325		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	P	☐ Delete	
NAME	FERTIG, JAY		
STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 325		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	VP	☒ Delete	
NAME	KOBERT, ILENE		
STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 325		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	MGR	☐ Change ☒ Addition	
NAME	Martha Soffer		
STREET ADDRESS	c/o: Bayshore Land Group, Inc.		
CITY-ST-ZIP	255 Alhambra Circle # 325		
	CORAL GABLES, FL 33134		
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		Christopher J MacNair 4/25/08 (305) 445-6166	
PRINTED NAME AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE Daytime Phone #	