

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90051 002 \*\*\*\*61.25

**DOCUMENT # N07000008419**

1. Entity Name  
ROYAL POINTE COMMUNITY ASSOCIATION, INC.



Principal Place of Business  
752 BLANDING BLVD., SUITE 110  
ORANGE PARK, FL 32065

Mailing Address  
8818 GOODBYS EXECUTIVE DR.  
JACKSONVILLE, FL 32217

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

01172008

Chg-NP

CR2E037 (12/06)

4. FEI Number

26-0830156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANSBACHER & MCKEEL, P.A.  
8818 GOODBYS EXECUTIVE DR.  
JACKSONVILLE, FL 32217

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete  
NAME NICHOLS, LAWRENCE D  
STREET ADDRESS 752 BLANDING BLVD., SUITE 110  
CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE PD ☒ Delete  
NAME NICHOLS, D. WAYNE  
STREET ADDRESS 752 BLANDING BLVD., SUITE 110  
CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE TD ☒ Delete  
NAME NICHOLS, J. DOUGLAS  
STREET ADDRESS 752 BLANDING BLVD., SUITE 110  
CITY-ST-ZIP ORANGE PARK, FL 32065

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 V President ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition  
NAME McWilliams, A.E.  
STREET ADDRESS 4711 HWY 17S, Suite B-2A1  
CITY-ST-ZIP Orange Park, FL 32003

TITLE STD ☐ Change ☒ Addition  
NAME McWilliams, Macy  
STREET ADDRESS 4711 HWY 17S, Suite B-2A1  
CITY-ST-ZIP Orange Park, FL 32003

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08

Date

Daytime Phone #

(904) 264-5006