

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008419

FILED
Apr 14, 2009
Secretary of State

Entity Name: ROYAL POINTE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

752 BLANDING BLVD., SUITE 110
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

8818 GOODBYS EXECUTIVE DR.
JACKSONVILLE, FL 32217

New Mailing Address:

8818 GOODBYS EXECUTIVE DR.
SUITE 100
JACKSONVILLE, FL 32217

FEI Number: 26-0830156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ANSBACHER & MCKEEL, P.A.
8818 GOODBYS EXECUTIVE DR.
SUITE 100
JACKSONVILLE, FL 32217 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:

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: NICHOLS, LAWRENCE D
Address: 752 BLANDING BLVD., SUITE 110
City-St-Zip: ORANGE PARK, FL 32065

Title: PD () Delete
Name: MCWILLIAMS, A.E.
Address: 4711 HWY 175 SUITE B-2 #1
City-St-Zip: ORANGE PARK, FL 32003

Title: STD () Delete
Name: MCWILLIAMS, MACY
Address: 4711 HWY 175 SUITE B-21 #1
City-St-Zip: ORANGE PARK, FL 32003

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:

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: LAWRENCE NICHOLS

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date