

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N12926**

1. Entity Name  
ROYAL COURT III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

%KEVIN LEWIS  
1430 ROYAL PALMS SQUARE BLVD., UNIT #102  
FORT MYERS, FL 33919

Mailing Address

%KEVIN LEWIS  
1430 ROYAL PALMS SQUARE BLVD., UNIT #102  
FORT MYERS, FL 33919



04042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
65-0102655

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LEWIS, KEVIN  
1430 ROYAL PALM SQUARE BLVD.  
SUITE 102  
FORT MYERS, FL 33919-1024

**DO NOT WRITE  
IN THIS SPACE**

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)

4/4/07  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000707051  
04/24/07-80060-002 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
MOOREY, TOM  
1430 ROYAL PALM SQ #105  
FORT MYERS, FL 33919

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
LEWIS, KEVIN  
1430 ROYAL HIGHWAY BLVD STE 102  
FORT MYERS, FL 33919

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPSD  
DICKEY, TED  
1430 ROYAL PALM SQ BLVD  
FT MYERS, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

4/4/07  
DATE

239-936-5100  
Daytime Phone #