

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12926

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: ROYAL COURT III CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0102655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEWIS, KEVIN  
1430 ROYAL PALM SQUARE BLVD.  
SUITE 102  
FORT MYERS, FL 339191024 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: MOOREY, TOM  
Address: 1430 ROYAL PALM SQ #105  
City-St-Zip: FORT MYERS, FL 33919

Title: PD ( ) Delete  
Name: LEWIS, KEVIN  
Address: 1430 ROYAL HIGHWAY BLVD STE 102  
City-St-Zip: FORT MYERS, FL 33919

Title: VPSD ( ) Delete  
Name: DICKEY, TED  
Address: 1430 ROYAL PALM SQ BLVD  
City-St-Zip: FT MYERS, FL

**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: KEVIN LEWIS

PD

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date