


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N15755		
1. Entity Name ROYAL PALM BEACH BUSINESS PARK LOT OWNERS ASSOCIATION, INC.		
Principal Place of Business 250 BUSINESS PARKWAY SUITE 2 ROYAL PALM BEACH, FL 33411 US	Mailing Address 250 BUSINESS PARKWAY SUITE 2 ROYAL PALM BEACH, FL 33411 US	



05012007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0115205	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GILLUM, KEVIN 250 BUSINESS PARKWAY SUITE 2 ROYAL PALM BEACH, FL 33411	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICE, LLOYD 240 BUSINESS PARK WAY ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLUM, KEVIN 310 BUSINESS PARKWAY ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEDRICK, GARY 260 BUSINESS PARKWAY ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIESNER, PETER 1593 TROTTER CT. WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, LLOYD 240 BUSINESS PARKWAY ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEBERSFELD, KEN 7301 N FEDERAL HWY BOCA RATON, FL 33487

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05/29/07-80048-009 61.25

**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:  **GARY HEDRICK, SECRETARY** (561)795-8777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #