2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N20356

Entity Name: ROYAL COACH ESTATES, INC.

Current Principal Place of Business:

C/O MARCIA DAVIS
15390 HART RD, A18
NORTH FORT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

C/O MARCIA DAVIS
15390 HART RD, A18
NORTH FORT MYERS, FL 33917 US

New Mailing Address:

FEI Number: 65-0017301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, MARCIA
15390 HART RD
A18
NORTH FORT MYERS, FL 33917 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:	P	( ) Delete
Name:	MITCHELL, JANICE	
Address:	15390 HART RD	
City-St-Zip:	NFM, FL 33917	
Title:	V	( ) Delete
Name:	BRENNAN, AGNES	
Address:	15390 HART RD BD	
City-St-Zip:	NORTH FORT MYERS, FL 33917	
Title:	T	( ) Delete
Name:	DAVIS, MARCIA	
Address:	15390 HART RD, A18	
City-St-Zip:	N FORT MYERS, FL 33917	
Title:	S	( ) Delete
Name:	CARRA, MARY A	
Address:	15390 HART RD	
City-St-Zip:	NFM, FL 33917	

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:	
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: MARCIA DAVIS TREA 03/02/2009

Electronic Signature of Signing Officer or Director — Date