## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N22288

FILED Apr 05, 2007 Secretary of State

Entity Name: ROYAL PALMS OF ORLANDO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 8404 VACATION WAY ORLANDO, FL 32821 US **Current Mailing Address: New Mailing Address:** % RESORT OPERATIONS 6649 WESTWOOD BLVD., SUITE 500 ORLANDO, FL 32821 ÚS FEI Number: 59-2876518 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition MCMILLAN, LAURA MCMILLAN, LAURA Name: Name: 2936 HERON RIDGE DRIVE Address: 2936 HERON RIDGE DRIVE Address: City-St-Zip: VIRGINIA BEACH, VA 23456 City-St-Zip: VIRGINIA BEACH, VA 23456 Title: Title: (X) Change ( ) Addition ( ) Delete ADAMS, ROBERT H., Name: ADAMS, ROBERT H., Name: Address: 8 OTTER LANE Address: 8 OTTER LANE City-St-Zip: EGG HARBOR TOWNSHIP, NJ 08234 City-St-Zip: EGG HARBOR TOWNSHIP, NJ 08234 Title: VPD () Delete Title: **VPD** (X) Change ( ) Addition MCSWEEN, JOHN GALLAGHER, ROBERT Name: Name: Address: 12834 COUNTRY RIDGE Address: 2634 E ATHENS AVENUE City-St-Zip: SAN ANTONIO, TX 78216 City-St-Zip: ORANGE, CA 92867 Title: SD () Delete Title: () Change () Addition Name: KNOX, JACQUES D Name: 10114 CENTURY DR. Address: Address: City-St-Zip: ELLICOTT CITY, MD City-St-Zip: Title: () Delete Title: () Change () Addition LANTZ, RAYMOND C JR. Name: Name: 352 FAUNCE CORNER ROAD Address: Address: City-St-Zip: NORTH DARTMOUTH, MA 02747 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LANA J CULLUM SPS 04/05/2007