

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # N22288	
1. Entity Name ROYAL PALMS OF ORLANDO CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 8404 VACATION WAY ORLANDO, FL 32821 US	Mailing Address % RESORT OPERATIONS 6649 WESTWOOD BLVD., SUITE 500 ORLANDO, FL 32821 US



04072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2876518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

U000000907829
05/06/08-80003-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCMILLAN, LAURA 2936 HERON RIDGE DRIVE VIRGINIA BEACH, VA 23456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADAMS, ROBERT H. 8 OTTER LANE EGG HARBOR TOWNSHIP, NJ 08234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, ROBERT 2634 E ATHENS AVENUE ORANGE, CA 92867
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNOX, JACQUES D 10114 CENTURY DR. ELLCOTT CITY, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANTZ, RAYMOND C JR. 352 FAUNCE CORNER ROAD NORTH DARTMOUTH, MA 02747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

Date

Daytime Phone #