

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90022 027 ****61.25

DOCUMENT # N23520 1. Entity Name THE ROYAL PALM VILLAGE ASSOCIATION, INC.					
Principal Place of Business SUNRAE MANAGEMENT SERVICES, INC 7071 W. COMMERCIAL BLVD-STE 2B TAMARAC, FL 33319 US				Mailing Address SUNRAE MANAGEMENT SERVICES, INC 7071 W. COMMERCIAL BLVD-STE 2B TAMARAC, FL 33319 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01312007 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0020877	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SUNRAE MANAGEMENT SERVICES INC 7071 WEST COMMERCIAL BLVD STE 2B TAMARAC, FL 33319			Name: <u>Sunrae Property Management</u> Street Address (P.O. Box Number is Not Acceptable): <u>7071 West Commercial Blvd.</u> <u>Suite 2B</u> City: <u>Tamarac</u> FL Zip Code: <u>33319</u>		
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: <u>Jeff Goldberg</u> DATE: <u>5/4/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYLE, DANIEL		NAME		
STREET ADDRESS	2355 NW 95 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLESEN, ANN		NAME		
STREET ADDRESS	9645 NW 26TH COURT		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33065		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLESEN, ANN		NAME		
STREET ADDRESS	9645 NW 26TH COURT		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEAL, MILA		NAME		
STREET ADDRESS	2320 NW 95 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUDER, LEONARD		NAME		
STREET ADDRESS	9605 NW 25TH COURT		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33065		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, STEPHEN		NAME		
STREET ADDRESS	2338 NW 9TH LN		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
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: <u>Daniel Boyle</u>			4-2707 954 803 0357 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					