

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90027 035 \*\*\*\*61.25

<b>DOCUMENT # N23520</b> 1. Entity Name <b>THE ROYAL PALM VILLAGE ASSOCIATION, INC.</b>					
Principal Place of Business <b>SUNRAE MANAGEMENT SERVICES, INC</b> <b>7071 W. COMMERCIAL BLVD-STE 2B</b> <b>TAMARAC, FL 33319 US</b>			Mailing Address <b>SUNRAE MANAGEMENT SERVICES, INC</b> <b>7071 W. COMMERCIAL BLVD-STE 2B</b> <b>TAMARAC, FL 33319 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address <i>Sun Rae Management</i> <i>6915 TAFT ST</i> Suite, Apt. #, etc. City & State <i>HOOLYWOOD FL</i> Zip <i>33024</i> Country			
4. FEI Number <b>65-0020877</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b>  <b>SUNRAE PROPERTY MANAGEMENT</b> <b>7071 WEST COMMERCIAL BLVD</b> <b>STE 2B</b> <b>TAMARAC, FL 33319</b>			<b>7. Name and Address of New Registered Agent</b> Name <i>Sun Rae Property Management</i> Street Address (P.O. Box Number is Not Acceptable) <i>6915 TAFT STREET</i> City <i>HOOLYWOOD</i> <b>FL</b> Zip Code <i>33024</i>		
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 <i>J. Goldburg</i> <span style="float: right;">DATE <i>4/26/08</i></span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYLE, DANIEL 2355 NW 95 TERRACE CORAL SPRINGS, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEAL, MILA 2320 NW 95 AVENUE CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUDER, LEONARD 9605 NW 25TH COURT POMPANO BEACH, FL 33065 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, STEPHEN 2338 NW 9TH LN CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Daniel Boyle</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <i>4-21-08</i> <small>Date</small>		DAYTIME PHONE # <i>954-403 0357</i> <small>Daytime Phone #</small>