2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23520

FILED Apr 27, 2009 Secretary of State

Entity Name: THE ROYAL PALM VILLAGE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

SUNRAE MANAGEMENT SERVICES, INC 6915 TAFT STREET

7071 W. COMMERCIAL BLVD-STE 2B HOLLYWOOD, FL 33024 US

TAMARAC, FL 33319 US

Current Mailing Address: New Mailing Address:

SUNRAE MANAGEMENT SERVICES, INC SUNRAE MANAGEMENT

6915 TAFF ST

HOLLYWOOD, FL 33024 US HOLLYWOOD, FL 33024 US

FEI Number: 65-0020877 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:

SUNRAE PROPERTY MANAGEMENT

6915 TAFF ST

SUNRAE MANAGEMENT

6915 TAFF ST

HOLLYWOOD, FL 33024 US HOLLYWOOD, FL 33024 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: PAUL SHAPIRO 04/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: () Change () Addition

 Name:
 BOYLE, DANIEL
 Name:

 Address:
 2355 NW 95 TERRACE
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL
 City-St-Zip:

Title: ST (X) Delete Title: () Change () Addition

 Name:
 LEAL, MILA
 Name:

 Address:
 2320 NW 95 AVENUE
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33065
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 SUDER, LEONARD
 Name:

 Address:
 9605 NW 25TH COURT
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33065
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf VPST} \qquad ({\sf X}) \, {\sf Change} \ (\) \, {\sf Addition}$

 Name:
 COHEN, STEPHEN
 Name:
 COHEN, STEPHEN

 Address:
 2338 NW 9TH LN
 Address:
 2338 NW 9TH LN

 City-St-Zip:
 CORAL SPRINGS, FL 33065
 City-St-Zip:
 CORAL SPRINGS, FL 33065

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: PAUL SHAPIRO MANA 04/27/2009