


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90002 044 ****61.25

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DOCUMENT # N29184					
1. Entity Name ROYAL LAND EAST HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071			Mailing Address P.O. BOX 8726 CORAL SPRINGS, FL 33075 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	4. FEI Number 65-0211677 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
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	
WHITTLE, CYNTHIA G 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</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					
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRICE, BOB		NAME	JOHN C Huechil	
STREET ADDRESS	4324 NW 83 LANE		STREET ADDRESS	8348 NW 44th Street	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	Coral Springs FL 33065	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENDEZ, RUDY		NAME	Andy Palmer	
STREET ADDRESS	8251 NW 42 STREET		STREET ADDRESS	4426 NW 82nd ST	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	Coral Springs FL 33065	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSETHAL, HOWARD		NAME	Matthew J. ASCAREN HAS	
STREET ADDRESS	4312 N.W. 83RD LANE		STREET ADDRESS	8336 NW 44th Street	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	Coral Springs FL 33065	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	JACK MOSS	
STREET ADDRESS			STREET ADDRESS	8214 NW 41st Street	
CITY-ST-ZIP			CITY-ST-ZIP	Coral Springs FL 33065	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 or without like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 2/20 Daytime Phone #: 954-346-0677		