2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 25, 2007 8:00 am Secretary of State

04-25-2007 90176 014 ****61.25

DOCUMENT # N30399 1. Entity Name ROYALE TERN CONDOMINIUM ASSOCIATION, INC.

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Principal Place of Business C/O ISLAND MANAGEMENT GROUP P.O. BOX 100		Mailing Address C/O ISLAND MANAGEMENT GROUP P.O. BOX 100			400	80437				
SANIBEL, FL	33957 US	SANIBE	EL, FL 33957 L	JS						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			, , <u>, .</u>	01082007	Chg-NP	CR2E	37 (12/06)	
City & State		City & State				4. FEI Number Applied For 65-0069368 Not Applied be				
Zip	Country	Zip	Zip Cou		ntry	5. Certificate of	5. Certificate of Status Desired S8.75 Additional Fee Required			litional
	6. Name and Address of Current	Registered	Agent			7. Name and	Address of New	Registered		
MACKESY	' STEVEN I			1	Name					
MACKESY, STEVEN J C/O ISLAND MANAGEMENT GROUP PO BOX 100-711 TARPON BAY RD.			Street Address		s (P.O. Box Number	r is Not Acceptab	le)			
SANIBEL,	FL 33957				City			FI	Zip Code	9
	named entity submits this statement foigns of registered agent.	r the purpos	se of changing its re	gistere	d office or regis	stered agent, or both	n, in the State of F	lorida. Lan	n familiar with,	and accept
the obligat	one of registered agent.									
SIGNATURE .										
	Signature, typed or printed name of registered agent	and little if applic	able (NOTE: R	legistered	Agent signature requ	ured when reinstating)		DATE	******	
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.							
	_					\$5.00 May Be Added to Fees			ck payable to intment of Si	
10.	Due by May 1, 2007 OFFICERS AND DIE	RECTORS				\$5.00 May Be Added to Fees ADDITIONS/CHA	Flo	rida Depa	irtment of St	late
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	Due by May 1, 2007 OFFICERS AND DIE	RECTORS	Trust Fund Cor	11. TITLE	on.	Added to Fees	Flo	rida Depa	IRECTORS IN	tate
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12. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 239-472-4071 1-18-07 Date Daytime Phone #