



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # N30622 1. Entity Name ROMANTICA AT IMPERIAL LAKE HOMEOWNERS ASSOCIATION INC.	
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Principal Place of Business L&C ROYAL MGMT CORP. 12301 NW 7TH LN MIAMI, FL 33182 US	Mailing Address L&C ROYAL MGMT CORP. 12301 NW 7TH LN MIAMI, FL 33182 US
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DO NOT WRITE IN THIS SPACE



02252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0296672	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

A. Name and Address of Current Registered Agent

**LOPEZ, JOSE L
12301 NW 7TH LN
MIAMI, FL 33182**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALMANA, JOSE 945 NW 126 CT MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MENDOLA, ROSA 1055 NW 126 PL MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLET, ZULMA 915 NW 126 CT MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMO, MARIA 905 NW 126 CT MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, BYRON 1066 NW 126 CT MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORD, ISABEL 12635 NW 11 ST MIAMI, FL 33182

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03/20/08-80022-011 61.25

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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:  **2-26-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #