2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N31275

1. Entity Name
ROYAL OAK COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2466	P.O. BOX 2466
DUNEDIN, FL 34697 US	DUNEDIN, FL 34697 US

DO NOT WRITE IN THIS SPACE

01102008   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-2480430	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLT, JANET L
1257 ROYAL OAK DR
DUNEDIN, FL 34698

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_____

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	SD
NAME	GRIDLEY, MARRELLA
STREET ADDRESS	1234 ROYAL OAK DR
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	T
NAME	HOLT, JANET L
STREET ADDRESS	1257 ROYAL OAK
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	TVD
NAME	HOLBROOK, JOYCE
STREET ADDRESS	1206 ROYAL OAK DR
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000783387
01/16/08-80012-019 61.25

DO NOT WRITE IN THIS SPACE

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: _____Janet L. Holt_____   1/10/08   727-734-2466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #