

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31339

FILED
May 06, 2009
Secretary of State

Entity Name: ROYAL LAND CENTRAL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% INTEGRITY PROPERTY MGMT
953 UNIVERSITY DR.
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

% INTEGRITY PROPERTY MGMT
P O BOX 8726
CORAL SPRINGS, FL 33075 US

New Mailing Address:

FEI Number: 65-0143202 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

INTEGRITY PROPERTY MGT
953 UNIVERSITY DR
CORAL SPRINGS, FL 33063 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: TORRES, CARLOS
Address: 8817 NW 45TH PLACE
City-St-Zip: CORAL SPGS, FL

Title: SD () Delete
Name: PARKINSON, JOYCE
Address: 8866 NW 45TH PLACE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: PD () Delete
Name: GOLDEN, ROBERT
Address: 8901 NW 45TH COURT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD () Delete
Name: KIESL, LORAINNE
Address: 8925 NW 45TH CT
City-St-Zip: POMPANO BEACH, FL 33065

Title: D () Delete
Name: HAVERN, PATRICK
Address: 4577 NW 38TH TERR
City-St-Zip: POMPANO BEACH, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT GOLDEN

PD

05/06/2009

Electronic Signature of Signing Officer or Director

Date