


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

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N32666		
1. Entity Name ROYAL PALM FOREST HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 2295 CORPORATE BLVD NW SUITE 138 BOCA RATON, FL 33431 US		Mailing Address 2295 CORPORATE BLVD NW SUITE 138 BOCA RATON, FL 33431 US
DO NOT WRITE IN THIS SPACE		
01092007 No Chg-NP CR2E037 (4/06)		
4. FEI Number 65-0130796		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		
HAAG, DAVID 2295 CORPORATE BLVD NW SUITE 138 BOCA RATON, FL 33431		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLINES, MARSHA 1650 SW 2ND AVE BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WARD, BILL 1705 SW 2ND AVE. BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIGAN, LAURA 325 SW 16TH ST BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD SUMISLASKI, JIM 420 SW 17TH STREET BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BENTLEY, GREG 1680 SW 3RD CT. BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GANNON, MARY ELLEN 1690 SW 2ND AVE BOCA RATON, FL 33432	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date _____ Daytime Phone # _____		