


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90015 042 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0130796	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HAAG, DAVID 2295 CORPORATE BLVD NW SUITE 138 BOCA RATON, FL 33431				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL Zip Code	
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) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GLINES, MARSHA	NAME			
STREET ADDRESS	1650 SW 2ND AVE	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WARD, BILL	NAME			
STREET ADDRESS	1705 SW 2ND AVE.	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DIGAN, LAURA	NAME	SD PETER SOSIN		
STREET ADDRESS	325 SW 16TH ST	STREET ADDRESS	1760 SW 2ND AVENUE		
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	BOCA RATON, FL 33432		
TITLE	VPSD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUMISLASKI, JIM	NAME	VPD		
STREET ADDRESS	420 SW 17TH STREET	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENTLEY, GREG	NAME			
STREET ADDRESS	1680 SW 3RD CT.	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GANNON, MARY ELLEN	NAME	TD		
STREET ADDRESS	1690 SW 2ND AVE	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP			
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

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