

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32666

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** ROYAL PALM FOREST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2295 CORPORATE BLVD NW  
SUITE 138  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

2295 CORPORATE BLVD NW  
SUITE 138  
BOCA RATON, FL 33431 US

**New Mailing Address:**

**FEI Number:** 65-0130796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAAG, DAVID  
2295 CORPORATE BLVD NW  
SUITE 138  
BOCA RATON, FL 33431 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: D ( ) Delete  
Name: GLINES, MARSHA  
Address: 1650 SW 2ND AVE  
City-St-Zip: BOCA RATON, FL 33432

Title: PD ( ) Delete  
Name: WARD, BILL  
Address: 1705 SW 2ND AVE  
City-St-Zip: BOCA RATON, FL 33432

Title: SD ( ) Delete  
Name: SOSIN, PETER  
Address: 1760 SW 1ND AVE  
City-St-Zip: BOCA RATON, FL 33432

Title: VPD ( ) Delete  
Name: SUMISLASKI, JIM  
Address: 420 SW 17TH STREET  
City-St-Zip: BOCA RATON, FL 33432

Title: TD ( ) Delete  
Name: GANNON, MARY ELLEN  
Address: 1690 SW 2ND AVE  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: GLINES, MARSHA  
Address: 1650 SW 2ND AVE  
City-St-Zip: BOCA RATON, FL 33432

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

Title: D (X) Change ( ) Addition  
Name: SOSIN, PETER  
Address: 1760 SW 2ND AVE  
City-St-Zip: BOCA RATON, FL 33432

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: BILL WARD

PD

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date