

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35004

FILED
Apr 30, 2007
Secretary of State

Entity Name: ROYAL ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVE.
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE.
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-2976955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALCOM, THOMAS, D
882 JACKSON AVE.
WINTER PARK, FL 32789 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: PD () Delete
Name: STANLEY, BRIAN
Address: 1551 ROYAL CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: VPD () Delete
Name: MOON, ROLLIE
Address: 1547 ROYAL CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: TD () Delete
Name: SCHLOTTMANN, JOAN
Address: 1450 ROYAL CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: SD () Delete
Name: STANTON, SUSAN
Address: 1562 ROYAL CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: BEJSOVEC, ROY
Address: 1534 ROYAL CIRCLE
City-St-Zip: APOPKA, FL 32703

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: BRIAN STANLEY

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date