


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90051 012 ****61.25

DOCUMENT # N37310					
1. Entity Name ROYAL PALM VILLAGES PROPERTY OWNERS ASSOCIATION, INC..					
Principal Place of Business 1600 ROYAL PALM DR SOUTH GULFPORT, FL 33707			Mailing Address 1600 ROYAL PALM DR SOUTH GULFPORT, FL 33707 US		
2. Principal Place of Business - No P.O. Box # ROYAL PALM VILLAGES		3. Mailing Address 1600 ROYAL PALM DR S			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State GULFPORT FL		City & State		4. FEI Number 59-3047851	
Zip 33707		Country PUELLAS		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 HILL, APRIL D 1630-C ROYAL PALM DR SOUTH GULFPORT, FL 33707			7. Name and Address of New Registered Agent Name: A.L. TEASLEY Street Address (P.O. Box Number is Not Acceptable): 1630A ROYAL PALM DR City: GULFPORT FL Zip Code: 33707		
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: <u>Allen L. Teasley Pres.</u> DATE: <u>2/18/08</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 SD	NAME HILL, APRIL D	<input checked="" type="checkbox"/> Delete	TITLE PRES.	NAME A.L. TEASLEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1630-C ROYAL PALM DR. S	STREET ADDRESS 1630A ROYAL PALM DR				
CITY-ST-ZIP SAINT PETERSBURG, FL 33707	CITY-ST-ZIP GULFPORT FL 33707				
TITLE VD	NAME MORRIS, LINDA	<input checked="" type="checkbox"/> Delete	TITLE VIR	NAME RICH LEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1605-A ROYAL PALM DR SOUTH	STREET ADDRESS 1610A ROYAL PALM DR				
CITY-ST-ZIP GULFPORT, FL 33707	CITY-ST-ZIP GULFPORT FL 33707				
TITLE PD	NAME BENTLEY, BRENDA	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR	NAME JAY CARROLL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1630-B ROYAL PALM DR SOUTH	STREET ADDRESS 1620B ROYAL PALM DR				
CITY-ST-ZIP GULFPORT, FL 33707	CITY-ST-ZIP GULFPORT FL 33707				
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	STREET ADDRESS 				
CITY-ST-ZIP 	CITY-ST-ZIP 				
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	STREET ADDRESS 				
CITY-ST-ZIP 	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: <u>Allen L. Teasley</u> <u>Allen L. Teasley</u> <u>2/18/08</u> <u>721-381-7914</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					