

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37310

FILED
Mar 23, 2009
Secretary of State

Entity Name: ROYAL PALM VILLAGES PROPERTY OWNERS ASSOCIATION,INC..

Current Principal Place of Business:

ROYAL PALM VILLAGE
SAINT PETERSBURG, FL 33707

New Principal Place of Business:

ROYAL PALM VILLAGE
1600 ROYAL PALM DRIVE S
SAINT PETERSBURG, FL 33707

Current Mailing Address:

1600 ROYAL PALM DR SOUTH
GULFPORT, FL 33707 US

New Mailing Address:

FEI Number: 59-3047851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEASLEY, A.L.
1630-C ROYAL PALM DR
GULFPORT, FL 33707 US

Name and Address of New Registered Agent:

STEINKE, DAVE
1635-B ROYAL PALM DR
GULFPORT, FL 33707 US

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: DAVE STEINKE

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TEASLEY, A.L.
Address: 1630 ROYAL PALM DR
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: VP () Delete
Name: LEE, FELIX
Address: 1610 A ROYAL PALM DR
City-St-Zip: GULFPORT, FL 33707

Title: D () Delete
Name: CARRICK, JAY
Address: 1620 E ROYAL DR
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STEINKE, DAVE
Address: 1635B ROYAL PALM DR S
City-St-Zip: SAINT PETERSBURG, FL 33707

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

Title: D (X) Change () Addition
Name: CARRICK, JAY
Address: 1620 B ROYAL DR
City-St-Zip: GULFPORT, FL 33707

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: DAVE STEINKE

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date