2005 NOT-FOR-PROFIT CORPORATION

	ANNUAL F	KEPORT (AR)			- FILED	
1. Entity Nan	IMENT # N39960 THE ROAD PROPERTY OWNERS	CASSOCIATION INC		Apr So	27, 2005 08:00 All ecretary of State	M
OCLANT	HOAD PHOPERIT OWNERS	ASSOCIATION, INC.				
Principal Plac	ce of Business	Mailing Address	-			
	LE BEACH ROAD CH FL 32963	ONE TURTLE BEACH R	ROAD 3			
2. Principal f	Place of Business	3. Mailing Address		777		
Suite, Apt	#, etc	Suite, Apt. #, etc.		1st Mo	OORE CR2E037 (10/04)	
City & State		City & State		4. FEI Number	25 0000450	plied For It Applicat
Zip	Country	Zip	Country	5. Certificate of Si	\$9.75	litional
	6. Name and Address of Current	t Registered Agent		7. Name and Add	iress of New Registered Agent	-
BAF	RKER, JOHN E		Name			
1 TI	URTLE BEACH ROAD RO BEACH FL 32963	_	Street Addr	ress (P.O. Box Number is l	Not Acceptable)	
VLF	10 BLACITI L 32903		City		Zip Code	.
8. The above	a named entity submits this statement f	or the purpose of changing its r	1	gistered agent, or both, in	the State of Florida. I am familiar with,	
the obliga	tions of registered agent.		•		•	
SIGNATURE				-		
	Signature, typed or printed name of registered agen	t and title if applicable (NOTE	Registered Agent signature re	equired when teinstating)	DATE	
	Signature, typed or printed name or registered agen		Registered Agent signature re			
	Signature, typed or printed name of registered agen FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Camp Trust Fund Co	palgn Financing _	\$5.00 May Be Added to Fees	Make Check Payable Florida Department of S	
10.	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co	palgn Financing _	\$5.00 May Be Added to Fees	Make Check Payable	tate
10.	FILE NOW: FEE IS \$61.25 Due By May 1, 2005 OFFICERS AND DI	9. Election Camp Trust Fund Co	palgn Financing pritribution.	\$5,00 May Be Added to Fees ADDITIONS/CHANG	Make Check Payable Florida Department of S ES TO OFFICERS AND DIRECTORS IN	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ___

John E. Barl

John E. Barker 3/31/05 772-231-1666
Deter OR DIRECTOR Description Phone #