
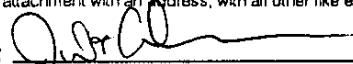


FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90118 017 ****61.25

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N47825			
1. Entity Name RIVER ROYALE OF IMPERIAL HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 27229 RIVER ROYAL COURT BONITA SPRINGS, FL 34135 US		Mailing Address 27229 RIVER ROYAL COURT BONITA SPRINGS, FL 34135 US	
2. Principal Place of Business 27209 RIVER ROYALE CT Suite, Apt. #, etc.		3. Mailing Address 27209 RIVER ROYALE CT Suite, Apt. #, etc.	
City & State BONITA SPRINGS FL		City & State BONITA SPRINGS FL	
Zip 34135		Zip 34135	
Country LEE		Country LEE	
6. Name and Address of Current Registered Agent ANDERSON, RUSSELL 27229 RIVER ROYAL COURT BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name DONNA MCFADDEN Street Address (P.O. Box Number is Not Acceptable) 27209 RIVER ROYALE CT BONITA SPRINGS, FL 34135 City FL Zip Code	
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  DATE 4-19-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: For changes of agent, signature required when not typed.)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LKEINBERGER, MICHAEL 27230 RIVER ROYALE CT BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TREASURER DONNA MCFADDEN 27209 RIVER ROYALE CT BONITA SPRINGS FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BOLIN, HAL 27250 RIVER ROYALE CT BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD ANDERSON, RUSS 27229 RIVER ROYALE CT BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE 4/17/2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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04192008 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0398813

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required