

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90061 037 \*\*\*\*61.25

**DOCUMENT # N48922**

1. Entity Name

ROYAL POINT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 56017  
JACKSONVILLE FL 32241

Mailing Address

P.O. BOX 56017  
JACKSONVILLE FL 32241

**50009763**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3208583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOGAN, VAN  
2536 EMPEROR DRIVE  
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HOGAN, VAN	
STREET ADDRESS	2536 EMPEROR DR	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MATHIS, DENNIS	
STREET ADDRESS	12233 PREMIER COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SAUNDERS, SCOTT	
STREET ADDRESS	2537 EMPEROR DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FOUCHE, PAUL	
STREET ADDRESS	12224 NOBLEMAN DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KRESGE, JIM	
STREET ADDRESS	2552 EMPEROR DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KRESGE, JOANNE	
STREET ADDRESS	2552 EMPEROR DR	
CITY-ST-ZIP	JACKSONVILLE FL 32223	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hummel, Rosi	
STREET ADDRESS	2568 Empereor Dr	
CITY-ST-ZIP	Jacksonville, FL 32223	

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James R Kresge*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/25/05*  
Date

*904-268-3757*  
Daytime Phone #