2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48922

FILED Jan 17, 2009 Secretary of State

Entity Name: ROYAL POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 12216 NOBLEMAN DR. 2552 EMPEROR DRIVE JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 **Current Mailing Address: New Mailing Address:** P.O. BOX 600673 JACKSONVILLE, FL 322600673 FEI Number: 59-3208583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WATKINS, THOMAS R JR 12216 NOBLEMAN DR. JACKSONVILLE, FL 32223 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete WATKINS, THOMAS R JR WATKINS, THOMAS R JR Name: Name: 12216 NOBLEMAN DR. Address: 12216 NOBLEMAN DR. Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32223 Title: () Delete Title: () Change () Addition MATHIS, DENNIS Name: Name: Address: 12233 PREMIER COURT Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: Title: DP () Delete Title: () Change () Addition SAUNDERS, SCOTT Name: Name: 2537 EMPEROR DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: Title: DVP3 () Delete Title: () Change () Addition FOUCHE, PAUL Name: Name: 12224 NOBLEMAN DR. Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: Title: DVP () Delete Title: () Change () Addition LACEY, MARK Name: Name: 2552 EMPEROR DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: Title: () Delete Title: (X) Change () Addition KRESGE, JAMES MATHIS, DENNIS Name: Name: Address: 12238 NOBLEMAN DR. Address: 2552 EMPEROR DRIVE

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.

City-St-Zip:

SIGNATURE: JAMES KRESGE T 01/17/2009

JACKSONVILLE, FL 32223

City-St-Zip:

JACKSONVILLE, FL 32223