2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2007 8:00 am Secretary of State

04-02-2007 90087 006 ****61.25

DOCUMENT # N94000000336

1. Entity Name

ROYAL LANDINGS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487				Mailing Address C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487				40046921							
Principal Place of Business - No P.O. Box # Mailing Address															
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02222007	Ch	g-NP	C	R2E0	37 (12/06)		
City & State	е		City & State				4. FEI Number 65-0467596			6	·			pplied For lot Applicable	
Zip	Country			Zip Cor			5. Certificate			tus Desire	∍d		\$8.75 Ac Fee Requir		
	d Agent		Name		7. Name and	Addr	ess of Ne	w Regi	stered	Agent					
SOBOTRO, PHILIP 5674 ROYAL LAKE CIRCLE BOYNTON BEACH, FL 33437						Street Address (P.O. Box Number is Not Acceptable)									
						City						FL	Zip Co	de	
		y submits this statement fo	r the purpo	ose of changing its	register	ed office o	r register	ed agent, or bo	th, in t	he State c	f Florida	a. Iam	familiar with	n, and accept	
the obligat	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														
Filing Fee is \$61.25 Due by May 1, 2007				Election Can Trust Fund C		\$5.00 May Be Added to Fees			Make check payable to Florida Department of State						
10.		OFFICERS AND DIF	RECTORS		11.			ADDITIONS/CH	ANGE	S TO OFF	ICERS /	AND D			
TITLE NAME STREET ADDRESS CITY-SJ-ZIP	5674 ROY	O, PHILIP YAL LAKE CIRCLE N BEACH, FL 33437		33000		E Et adoress - St-Zip	561	LEVENTI 18 ROYA INTON B	IL (AKE	5 C	17C	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOLDSTEIN, MURRAY 5811 ROYAL LAKE CIR. BOYNTON BEACH, FL 33437												☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEINSTER, MERYLE 5538 ROYAL LAKE CIR BOYNTON BEACH, FL 33437										· · · · · · · ·		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5530 RO	SHERMAN YAL LAKE CIRCLE N BEACH, FL 33437		□ Delete									☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5771 RO	KORN, HAROLD YAL LAKE CIRCLE N BEACH, FL 33437		☐ Delete									☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5939 RO	NGER, JULIUS YAL LAKE CIRCLE N BEACH, FL 33437		☐ Delete									☐ Change	☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07

Date

Daytime Phone #