

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90063 033 \*\*\*\*61.25

<b>DOCUMENT # N94000000336</b> 1. Entity Name <b>ROYAL LANDINGS HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487</b>		Mailing Address <b>C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487</b>	
2. Principal Place of Business - No P.O. Box # <b>ROYAL LANDINGS H.O.A.</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc. <b>40 CANNIBELL @ CORAL LAKES</b>		Suite, Apt. #, etc. 	
City & State <b>18751 EL CLAR RANCH Rd. BOYNTON BEACH</b>		City & State 	
Zip <b>FL 33437</b>		Country <b>USA</b>	
4. FEI Number <b>65-0467596</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>SOBOTRO, PHILIP 5674 ROYAL LAKE CIRCLE BOYNTON BEACH, FL 33437</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SOBOTKO, PHILIP 5674 ROYAL LAKE CIRCLE BOYNTON BEACH, FL 33437 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR</b> <b>FRANKLIN GOLD</b> <b>5815 ROYAL LAKE CIRCLE</b> <b>BOYNTON BEACH, FL 33437</b> <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GOLDSTEIN, MURRAY 5811 ROYAL LAKE CIR. BOYNTON BEACH, FL 33437 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR</b> <b>AL LEVENTHAL</b> <b>5618 ROYAL LAKE CIRCLE</b> <b>BOYNTON BEACH, FL 33437</b> <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MEINSTER, MERYLE 5538 ROYAL LAKE CIR BOYNTON BEACH, FL 33437 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BERKIN, SHERMAN 5530 ROYAL LAKE CIRCLE BOYNTON BEACH, FL 33437 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANDELKORN, HAROLD 5771 ROYAL LAKE CIRCLE BOYNTON BEACH, FL 33437 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHLESINGER, JULIUS 5939 ROYAL LAKE CIRCLE BOYNTON BEACH, FL 33437 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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: <i>Meryle Meister</i> Treas.		Date: <i>2/6/08</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	