2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000001179

1. Entity Name
ROYAL TOWN HOMES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9702 NW 23RD COURT PEMBROKE PINES, FL 33024	PO BOX 840414 PEMBROKE PINES, FL 33084

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01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0563848
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MERINO, MICHAEL H
6741 ORANGE DR
DAVIE, FL 33314

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000423691
02/18/06-80010-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CABRERA, FRANCISCO
STREET ADDRESS	2411 NW 97TH TERR
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	S
NAME	MERINO, PATRICIA
STREET ADDRESS	2388 NW 97TH WAY
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	T
NAME	HAMPE, VIRGINIA
STREET ADDRESS	9702 NW 23RD COURT
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Patricia Merino Secy 2/1/06 954-450-1420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PATRICIA MERINO