

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # N94000001179

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



Principal Place of Business
**9702 NW 23RD COURT
PEMBROKE PINES, FL 33024**

Mailing Address
**PO BOX 840414
PEMBROKE PINES, FL 33084**



02072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000873731

04/10/08-80099-026 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
CABRERA, FRANCISCO
2411 NW 97TH TERR
PEMBROKE PINES, FL 33024**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
MERINO, PATRICIA
2388 NW 97TH WAY
PEMBROKE PINES, FL 33024**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
HAMPE, VIRGINIA
9702 NW 23RD COURT
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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patricia Merino - PATRICIA MERINO. Secy. 3/25/08 - 954-450-1420