

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90089 046 ****61.25

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| DOCUMENT # N94000004276 | | | | | |
| 1. Entity Name THE ESTATES OF ROYAL PALM BEACH HOMEOWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business C/O WELLINGTON MANAGEMENT 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414 | | | Mailing Address C/O WELLINGTON MANAGEMENT 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0523452 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| NEWSOME, JOHN WELLINGTON MANAGEMENT, INC. 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414 | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| NEWSOME, JOHN WELLINGTON MANAGEMENT, INC. 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414 | | | FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE P | NAME MADDEN, CHRIS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| STREET ADDRESS 128 CYPRESS CRESCENT | CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 | | | | |
| TITLE VP | NAME DALIANTO, ROBERT | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| STREET ADDRESS 151 KAYOK CRESCENT | CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 | | | | |
| TITLE Vice-President | NAME SCHOFIELD, PAUL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| STREET ADDRESS 193 CYPRESS TRACE | CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 | | | | |
| TITLE S | NAME MATTHEWS, JAMES | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| STREET ADDRESS 215 CYPRESS TRACE | CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 | | | | |
| TITLE Treasurer | NAME SANTAMARIA, J. J. | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| STREET ADDRESS 106 FERNWOOD CRESCENT | CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 | | | | |
| TITLE D | NAME COXWELL, JOE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| STREET ADDRESS 106 PEACHTREE CRESCENT | CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 | | | | |
| 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 supplement 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: _____ | | CHRIS MADDEN 1/23/06 54801 0759 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | | | |

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