2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000004276

THE ESTATES OF ROYAL PALM BEACH HOMEOWNERS' ASSOCIATION, INC.



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

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

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C/O WELLINGTON MANAGEMENT CO. 3461-B FAIRLANE FARMS RD. 3			Mailing Address C/O WELLINGTON MANAGEMENT 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414			40002570					
2. Principal Place of Business 3.			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01102006	02006 Chg-NP CR2E037 (11/05)				
City & Stat	e	Ci	City & State			4. FEI Number 65-05234	52		-	plied For Applicable	
Zip Country			ip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
		out out the ground		Name	 						
NEWSOME, JOHN WELLINGTON MANAGEMENT, INC. 3461-B FAIRLANE FARMS RD.					Street Address (P.O. Box Number is Not Acceptable)						
	TON, FL 33414										
***************************************	1011,72 00474			City				FL Zi	o 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 Signature, typed or printed name of registered agent and title if applicable INOTE Registered Agent signature required when reinstating) DATE											
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Trust Fund Contribu						\$5.00 May Be Added to Fees		Make check paya rida Department			
10.	OFFICERS	AND DIRECTORS		11,		ADDITIONS/CHANG	GES TO OFFICE	ERS AND DIRECTO	FIS IN	10	
TITLE	Р	V	☐ Delete	TITLE					nance	Addition	
NAME	MADDEN, CHRIS		- Delete	NAME							
		NIT		STREET ADDRES	,						
STREET ADDRESS	128 CYPRESS CRESCE			CITY-ST-ZIP	`						
CITY-ST-ZIP	ROYAL PALM BEACH, F	L 33411		C117-31-21F	+	. ~		\$A - 1 a - 2			
TITLE	VP		☐ Delete	TITLE	\perp Ke	obeet Yali	anto-L	nkectorpo	nange	Addition	
NAME	DALIANTO, ROBERT	\mathcal{C}	hange	NAME	≯ ∵	obert Pali 51 Kapok (4alfalm (DOCCER	1 +			
STREET ADDRESS	151 KAYOK CRESCENT	کــ	- Line Contraction	STREET ADDRES	7 15	or Karuk	1 -				
CITY-ST-ZIP	ROYAL PALM BEACH, F	L 33411		CITY-ST-ZIP	Ko	ual falme	seach, t	L33411			
TITLE	Z VICE - Re	sident	☐ Delete	TITLE		•	,	□ er	1ange	■ Addition	
NAME	SCHOFIELD, PAUL	3.0.0		MAME	}			_	_		
STREET ADDRESS	193 CYPRESS TRACE			STREET ADDRES	s						
CITY-ST-ZIP	ROYAL PALM BEACH, F	L 33411		CITY-ST-ZIP							
TITLE	s		☐ Defete	TITLE				Пс	nange	Addition	
NAME	MATTHEWS, JAMES	V	□ Delete	NAME							
STREET ADDRESS	215 CYPRESS TRACE			STREET ADDRES	,						
CITY-ST-ZIP	ROYAL PALM BEACH, F	1 33411		CITY-S1-ZIP	[
	* TREASUR		m s · ·		+				2000	Aggition	
TITLE -	· · · · ·	-C1C	Delete	TITLE					wilds		
NAME	SANTAMARIA, J. J	CENT		NAME CORET ADDRES	.						
STREET ADDRESS	106 FERNWOOD CRES			STREET ADDRES	1						
CITY-ST-ZIP	ROYAL PALM BEACH, F	L 33411		CITY-ST-ZIP							
TITLE	D	ι	Delete	TITLE				□ 0:	nange	Addition 🗎	
NAME	COXWELL, JOE	•		NAME							
STREET ADDRESS	106 PEACHTREE CRES	CENT		STREET ADDRES	s						
CITY-ST-ZIP	ROYAL PALM BEACH, F	L 33411		CITY-ST-ZIP				-			

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementar feport is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of 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:

(M.15 MADDEM 1/23/34 5/400 0.75.9)

SIGNATURE: .

SIGNATURE AND TYPED DISPRINTED NAME OF SIGNING OFFICER OR DIRECTOR