2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N94000004276

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



FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90861 012 ****61.25

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C/O WELLINGTON MANAGEMENT C/O 3461-B FAIRLANE FARMS RD. 340		3461-B FAIRLANE FAR	ailing Address 6/0 WELLINGTON MANAGEMENT 8461-B FAIRLANE FARMS RD. VELLINGTON, FL 33414			045915	FEIN BRIN BIFIR NOR FRUIR F	IIIITI BEKEBI
2. Principal Place of Business - No P.O. Box # 3. N		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04122007 _{CI}	hg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-052345	52	<u> </u>	oplied For	
Zip Country		Zip	(ip Country		5. Certificate of Status Desired			
	6. Name and Address of Current F	tegistered Agent			7. Name and Add	ress of New Red	distered Agent	
NEWSOME, JOHN				Name				
3461-B FA	TON MANAGEMENT, INC. JIRLANE FARMS RD. TON, FL 33414	Str	Street Address (P.O. Box Number is Not Acceptable)					
WEEEINO	1014,112 30414		City				FL Zip Cod	e
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								
	Filling Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Trust Fund Contribu			ing	\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	OFFICERS AND DIR	ECTORS	11,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			I 10
TITLE NAME STREET ADDRESS	P MADDEN, CHRIS 128 CYPRESS CRESCENT	☐ Delete	TITLE NAME STREET ADDI	RESS		EG TO GITTOETI	Change	Addition
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIF					
TITLE	D	☐ Delete	TITLE				Change	Addition
NAME	PALIANTO, ROBERT		NAME					
STREET ADDRESS CITY-ST-ZIP	151 KAYOK CRESCENT		STREET ADD					
	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIF	<u> </u>				
TITLE	VP DALII	☐ Delete	TITLE	-			☐ Change	Addition
NAME	SCHOFIELD, PAUL 193 CYPRESS TRACE		NAME					
STREET ADDRESS CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		STREET ADDI	1				
TITLE NAME	S MATTHEWS, JAMES	☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS	215 CYPRESS TRACE		STREET ADD	2000				
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIF					
TITLE	T		TITLE				C) Observe	□ 4.43% a
NAME	SANTAMARIA, J. J	☐ Delele	NAME				Change	☐ Addition
STREET ADDRESS	106 FERNWOOD CRESCENT		STREET ADD	RESS				
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIF	l l				
TITLE	D	Delete	TITLE	0.	-		☐ Change	Addition
NAME	COXWELL, JOE	Delete	NAME	Solmi	tra Hans			A AMARION
STREET ADDRESS	106 PEACHTREE CRESCENT		STREET ADD	ESS Int. A	Prave Trees CIRA	cont		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIF	P	tz, HANS Paper Theo Cres Polm Black	PL 3.	zVII	
43 I bacabus	certify that the information supplied with		the avametic		Lin Chanter 119 Flor			

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 cath; 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, withhall other like empowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

ATTACHMENT DOCUMENT # N94000004276 THE ESTATES OF ROYAL PALM BEACH HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address C/O WELLINGTON MANAGEMENT C/O WELLINGTON MANAGEMENT 600 45915 3461-B FAIRLANE FARMS RD. 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414 WELLINGTON, FL 33414 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122007 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0523452 City & State City & State Applied For Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEWSOME, JOHN WELLINGTON MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414 City 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change X Addition MADDEN, CHRIS NAME NAME SWARSON, Dr. Ronald 101 KAPOK CHESCEUL STREET ADDRESS 128 CYPRESS CRESCENT STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP Reyal PAIN Block, D TITLE ☐ Delete TITLE □ Change ■ Addition PALIANTO, ROBERT NAME NAME STREET ADDRESS 151 KAYOK CRESCENT STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME SCHOFIELD, PAUL NAMÉ STREET ADDRESS 193 CYPRESS TRACE STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance □ Addition MATTHEWS, JAMES NAME NAME STREET ADDRESS 215 CYPRESS TRACE STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ■ Addition SANTAMARIA, J. J. NAME NAME STREET ADDRESS 106 FERNWOOD CRESCENT STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition COXWELL, JOE NAME STREET ADDRESS 106 PEACHTREE CRESCENT STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP 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.

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