

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90861 012 ****61.25

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04122007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0523452			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NEWSOME, JOHN WELLINGTON MANAGEMENT, INC. 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MADDEN, CHRIS 128 CYPRESS CRESCENT ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALIANTO, ROBERT 151 KAYOK CRESCENT ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHOFIELD, PAUL 193 CYPRESS TRACE ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATTHEWS, JAMES 215 CYPRESS TRACE ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANTAMARIA, J. J 106 FERNWOOD CRESCENT ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COXWELL, JOE 106 PEACHTREE CRESCENT ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D. Schmitz, HANS 106 Paper Tree Crescent Royal Palm Beach, FL 33411</i>
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: <i>Robert Palianto</i> <i>4/13/07</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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ATTACHMENT

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TITLE	P <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MADDEN, CHRIS		NAME	<i>SWANSON, Dr. Ronald</i>	
STREET ADDRESS	128 CYPRESS CRESCENT		STREET ADDRESS	<i>101 KAYOK CRESCENT</i>	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP	<i>Royal Palm Beach, FL 33411</i>	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALIANTO, ROBERT		NAME		
STREET ADDRESS	151 KAYOK CRESCENT		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOFIELD, PAUL		NAME		
STREET ADDRESS	193 CYPRESS TRACE		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATTHEWS, JAMES		NAME		
STREET ADDRESS	215 CYPRESS TRACE		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTAMARIA, J. J		NAME		
STREET ADDRESS	106 FERNWOOD CRESCENT		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COXWELL, JOE		NAME		
STREET ADDRESS	106 PEACHTREE CRESCENT		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
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SIGNATURE: <i>Robert Palianto</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>4/13/07</i> <small>Date</small>		
<small>Daytime Phone #</small>					