

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000528

FILED
Jun 24, 2009
Secretary of State

Entity Name: ROYAL PALM OF INDIAN ROCKS BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

109 16TH AVE.
#12
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

Current Mailing Address:

109 16TH AVE.
#12
INDIAN ROCKS BEACH, FL 33785 US

New Mailing Address:

109 16TH AVE.
#12
INDIAN ROCKS BEACH, FL 33785

FEI Number: 59-2029143 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LINDA SNOOK, CPA
14100 WALSHINGHAM RD STE 33
LARGO, FL 33774 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EARLEY, ELEANOR
Address: 109-16 AVE #4
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: SD () Delete
Name: ZIMMERMAN, RENEE
Address: 1045 FLUSHING AVE.
City-St-Zip: CLEARWATER, FL 33764

Title: TD () Delete
Name: WALLING, ANN
Address: 109-16 AVE #7
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEANOR EARLEY

PD

06/24/2009

Electronic Signature of Signing Officer or Director

Date