

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000528

**FILED**  
**Feb 20, 2011**  
**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:**

PO BOX 971  
INDIAN ROCKS BEACH, FL 33785

**New Mailing Address:**

**FEI Number:** 59-2029143

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHANNON ALLEN  
109 16TH AVE  
#12  
INDIAN ROCKS BEACH, FL 33785 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  
Name: EARLEY, ELEANOR  
Address: 109-16 AVE #4  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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

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

I hereby 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 all other like empowered.

SIGNATURE: ELEANOR EARLIE

MRS

02/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date