


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90132 044 ****61.25

DOCUMENT # N95000001265 1. Entity Name ROYALE OAK VILLAGES II OF TIMBER GREENS HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 10730 U.S.19 SUITE 17 PORT RICHEY FL 34668		Mailing Address 10730 U.S.19 SUITE 17 PORT RICHEY FL 34668			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0570320					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent QUALIFIED PROPERTY MANAGEMENT INC 10730 U.S. 19 SUITE 17 PORT RICHEY FL 34668			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	PD GALLINA, LOU -- <input checked="" type="checkbox"/> Delete 9634 SWEEPING VIEW NEW PORT RICHEY FL --		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Paradiso, Gene <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9614 Brookdale Drive New Port Richey, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARENS, ANDREW -- <input type="checkbox"/> Delete 9636 BROOKDALE -- NEW PORT RICHEY FL 34668		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Burns, Paul <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9644 Sweeping view New Port Richey, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, JOAN <input checked="" type="checkbox"/> Delete 9618 SWEEPING VIEW DR --- NEW PORT RICHEY FL 34668 --		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FEocco, Frank <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9608 Brookdale Drive New Port Richey, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Gene Paradiso *Gene Paradiso* *3/31/05* *727-376-5293*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #