


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90037 042 ****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
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50005459



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01042006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0570320	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	
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	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 _____

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARADISO, GENE 9614 BROOKDALE DR-- PORT RICHEY, FL 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Paradiso, Gene 10730 U.s. 19, Suite 17 Port Richey, fl
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURNS, PAUL-- 9644 SWEETING VIEW-- NEW PORT RICHEY, FL 34665	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Burns, Paul 10730 U.S. 19, Suite 17 Port Richey, fl
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FEOCOCCO, FRANK-- 9608 BROOKDALE DR-- NEW PORT RICHEY, FL 34665	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Feocco, Frank 10730 U.S. 19, Suite 17 Port Richey, fl
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #