

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001265

FILED
Apr 24, 2007
Secretary of State

Entity Name: ROYALE OAK VILLAGES II OF TIMBER GREENS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

10730 U.S. 19
SUITE 17
PORT RICHEY, FL 34668

Current Mailing Address:

10730 U.S. 19
SUITE 17
PORT RICHEY, FL 34668

New Principal Place of Business:

5901 U.S. 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

5901 U.S. 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

FEI Number: 65-0570320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT INC
10730 U.S. 19
SUITE 17
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
5901 U.S. 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

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: MARY A. WHITE

04/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PARADISO, GENE
Address: 10730 US 19, STE 17
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VD () Delete
Name: BURNS, PAUL
Address: 10730 US 19, STE 17
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: STD () Delete
Name: FEOCCO, FRANK
Address: 10730 US 19, STE 17
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BERTSCH, BILL
Address: 5901 U.S. 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VD (X) Change () Addition
Name: BURNS, PAUL
Address: 5901 U.S. 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: STD (X) Change () Addition
Name: FEOCCO, FRANK
Address: 5901 U.S. 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY A. WHITE

CEO

04/24/2007

Electronic Signature of Signing Officer or Director

Date