2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001265

FILED Apr 28, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1799-B NORTH BECLHER ROAD 24701 US HIGHWAY 19 N #102 CLEARWATER, FL 33765 US CLEARWATER, FL 33763 US

Current Mailing Address: New Mailing Address:

P.O. BOX 14357

CLEARWATER, FL 33766 US

FEI Number: 65-0570320 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

AMERI-TECH REALTY INC
1799-B NORTH BELCHER ROAD
CLEARWATER, FL 33765 US

AMERI-TECH REALTY INC
24701 US HIGHWAY 19 N #102
CLEARWATER, FL 33763 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: MICHAEL G PEREZ, PRESIDENT 04/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

e: PD () Delete Title: PD (X) Change () Addition

Name: BERTSCH, BILL Name: BERTSCH, BILL
Address: 5901 U.S. 19, SUITE 7Q Address: 9650 SWEEPING VIEW DRIVE

City-St-Zip: NEW PORT RICHEY, FL 34652 US City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: VD () Delete Title: VD (X) Change () Addition

Name: BURNS, PAUL Name: O'BRIEN, JIM

 Address:
 5901 U.S. 19, SUITE 7Q
 Address:
 9630 SWEEPING VIEW DRIVE

 City-St-Zip:
 NEW PORT RICHEY, FL 34652 US
 City-St-Zip:
 NEW PORT RICHEY, FL 34655 US

Title: STD () Delete Title: STD (X) Change () Addition

Name: FEOCCO, FRANK Name: FEOCCO, FRANK

 Address:
 5901 U.S. 19, SUITE 7Q
 Address:
 9608 SWEEPING VIEW DRIVE

 City-St-Zip:
 NEW PORT RICHEY, FL 34652 US
 City-St-Zip:
 NEW PORT RICHEY, FL 34655 US

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: BILL BERTSCH PD 04/28/2009