## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 16, 2006 8:00 am Secretary of State

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DOCUMENT # N9500001508  1. Entity Name ROYAL DOULTON ESTATES PROPERTY OWNERS' ASSOCIATION, INC.						6 90238 027 *	
2020 CLUB	ce of Business HOUSE DR. 7 NTER, FL 33573 US	Mailing Address 2920 CLUBHOUSE DR. SUN CITY CENTER, FL.			IZI BIIM BEMI BAWI B	1111 <b>23</b> 111: <b>41</b> 171 (1 <b>11</b> 71 <b>4</b> 111) (	(1)(E) (E)((1) (1) (E)(
40	Place of Business 9 E. College Ave	3. Mailing Address	K 1058				
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		01042006	Chg-NP	CR2E037 (11/	(05)
City & Sta		City & State	E1.	4. FEI Number 59-3367	137		Applied For
Zip	Country	33575	Country	5. Certificate of			Not Applicable  Additional
	570 6. Name and Address of Current R	1		7. Name and A	ddress of New I	Fee Re	quired
101100			Name		20.000 01.1011	riogistaros Agent	
2221 PLA	ALFRED E TINUM DR. 'CENTER, FL 33573		Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
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	in the second		City			FL Zip	Code
	•		<b>I</b>				
8. The above	a named entity submits this statement for	the purpose of changing its	registered office or	registered agent, or both,	in the State of Fl	lorida. I am familiar	with, and accept
8. The above the obliga	a named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or	registered agent, or both,	in the State of Fl	lorida. I am familiar	with, and accept
8. The above the obligation	tions of registered agent.				in the State of FI		with, and accept
the obliga	tions of registered agent.  Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE	: Registered Agent signatu	are required when reinstating)	······································	DATE	
the obliga	tions of registered agent.	nd title if applicable. (NOTE	Registered Agent signatur				ble to
signature	Signature, typed or printed name of registered agent an  Filling Fee is \$61.25  Due by May 1, 2006  OFFICERS AND DIRE	nd title if applicable. (NOTE  9. Election Carr  Trust Fund C	Registered Agent signatur	\$5.00 May Be Added to Fees	ñ Flo	DATE Make check paya	ble to of State
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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.

CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP

ORDAND TWEED OR PRINTED HAME OF GINING OFFICER OR DIRECTOR

3/10/06 (813)645-1369 Date Date Designe Phone 8