
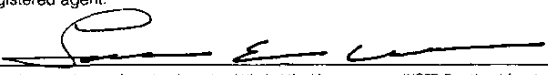
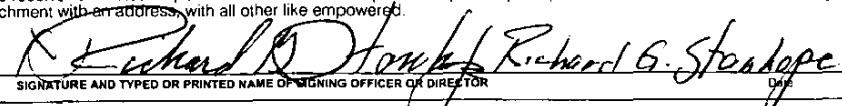


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90816 032 \*\*\*\*61.25

<b>DOCUMENT # N95000001508</b> 1. Entity Name <b>ROYAL DOULTON ESTATES PROPERTY OWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>409 E. COLLEGE AVE. RUSKIN, FL 33570 US</b>		Mailing Address <b>P.O. BOX 105 P RUSKIN, FL 33575 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1058</b>  Suite, Apt. #, etc.	
City & State  Zip                      Country		City & State <b>Ruskin, FL.</b> Zip                      Country <b>33575</b>	
6. Name and Address of Current Registered Agent  <b>LONGO, ALFRED E 2221 PLATINUM DR. SUN CITY CENTER, FL 33573</b>		7. Name and Address of New Registered Agent Name <b>Lou Ellen Wilson</b> Street Address (P.O. Box Number is Not Acceptable) <b>409 E. College Ave</b> City <b>Ruskin</b> FL                      Zip Code <b>33570</b>	
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  _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD LONGO, AL	TITLE	P Richard Stanhope
NAME	LONGO, AL	NAME	Richard Stanhope
STREET ADDRESS	2221 PLATINUM DRIVE	STREET ADDRESS	2234 PLATINUM DR.
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	VPD	TITLE	V P
NAME	ANDERSON, DAVE	NAME	DAVID MOHL
STREET ADDRESS	2307 PLATINUM DRIVE	STREET ADDRESS	2222 PLATINUM DR.
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	SD	TITLE	S
NAME	CULLEN, MICHAEL	NAME	RITA FOLEY
STREET ADDRESS	2211 PLATINUM DR	STREET ADDRESS	2215 PLATINUM DR.
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	D/T	TITLE	
NAME	DOERFLER, RAY	NAME	
STREET ADDRESS	2224 PLATINUM DR	STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	DOSS, SHIRLEY	NAME	SHIRLEY Doss
STREET ADDRESS	1203 ROYAL LINKS CT	STREET ADDRESS	1203 ROYAL LINKS CT.
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CITY-ST-ZIP	Sun City Center, FL 33573
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.			
<b>SIGNATURE:</b>  <b>Richard G. Stanhope</b> 1-30-2007 813 645 1569 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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01312007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-3367137** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required