


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90064 040 \*\*\*\*61.25

<b>DOCUMENT # N96000000726</b> 1. Entity Name <b>ROYAL BAY HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O THE CONTINENTAL GROUP, INC.          2950 NORTH 28TH TERRACE          HOLLYWOOD, FL 33020</b>			Mailing Address <b>C/O THE CONTINENTAL GROUP, INC.          2950 NORTH 28TH TERRACE          HOLLYWOOD, FL 33020</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0717363</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BROUGH, CHADROW &amp; LEVINE, P.A.          2700 S. COMMERCE PARKWAY, SUITE 305-B          WESTON, FL 33331</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUMMER, CHRISTOPHER D		NAME	AKIRMAN, Richard	
STREET ADDRESS	2950 NORTH 28 TERRACE		STREET ADDRESS	2950 N 28 Terrace	
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKIRMAN, RICHARD V		NAME		
STREET ADDRESS	2950 N 28TH TERR		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAND, ERIKA		NAME		
STREET ADDRESS	2950 N 28TH TERR		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORLOFF, ROBERTO		NAME	ORLOFF, Roberto	
STREET ADDRESS	2950 N 28TH TERR		STREET ADDRESS	2950 N 28 Terrace	
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	SID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLA, JIMMY		NAME	Vila, Jimmy	
STREET ADDRESS	2950 N 28TH TERR		STREET ADDRESS	2950 N 28 Terrace	
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP	Hollywood, FL 33020	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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