

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90023 014 \*\*\*\*61.25

<b>DOCUMENT # N96000002395</b>					
<b>1. Entity Name</b> ROYAL LAKES HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5981 ROYAL ISLES BLVD BOYNTON BEACH, FL 33437			<b>Mailing Address</b> C/O SEACREST 2400 CENTRE PARK W DR #175 WEST PALM BEACH, FL 33409 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0720366	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DICKER, EDWARD ESQ 1818 AUSTRALIAN AVENUE SOUTH SUITE 400 WEST PALM BEACH, FL 33409			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<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.</b>					
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, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> LICHTENBERG, WARREN <b>STREET ADDRESS</b> 10605 TROPICAL BREEZE LANE <b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PRESIDENT <b>NAME</b> RON ZINK <b>STREET ADDRESS</b> 5868 ROYAL CLUB DRIVE <b>CITY-ST-ZIP</b> BOYNTON BEACH FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VTD <b>NAME</b> BIMBAUM, ALLAN <b>STREET ADDRESS</b> 10579 SUNSET ISLE CT <b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete		<b>TITLE</b> SECRETARY <b>NAME</b> HAROLD WEINSTEIN <b>STREET ADDRESS</b> 10592 TROPICAL BREEZE LN. <b>CITY-ST-ZIP</b> BOYNTON BEACH FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> GOLDMEER, MARTIN <b>STREET ADDRESS</b> 5981B ROYAL CLUB DRIVE <b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TREASURER <b>NAME</b> GEORGE YOUNG <b>STREET ADDRESS</b> 10417 TROPICAL BREEZE LN. <b>CITY-ST-ZIP</b> BOYNTON BEACH FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> MILLER, MURRAY S <b>STREET ADDRESS</b> 5862 ROYAL CLUB DRIVE <b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DIRECTOR <b>NAME</b> SUSANNE WRY <b>STREET ADDRESS</b> 5976 ROYAL ISLES BLVD. <b>CITY-ST-ZIP</b> BOYNTON BEACH FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> DASKAL, JEWEL <b>STREET ADDRESS</b> 5910 ROYAL CLUB DRIVE <b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b> <i>Ronald Zink</i>			Date: 2/1/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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