


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90036 010 ****61.25

DOCUMENT # N97000001628					
1. Entity Name ROYAL PALACE SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 1301 PALACE DR ROCKLEDGE, FL 32955			Mailing Address 1301 PALACE DR ROCKLEDGE, FL 32955		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NASAJPOUR, A B 1301 PALACE DR ROCKLEDGE, FL 32955			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	P MARASCO, ROBERT <input type="checkbox"/> Delete 1301 PALACE DR ROCKLEDGE, FL 32955				
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDSON, LOUIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1301 PALACE DR ROCKLEDGE FL 32955				
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
SIGNATURE: _____ 4-12-08 321-639-8547					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					