


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90024 017 \*\*\*\*61.25

<b>DOCUMENT # N97000002373</b>	
1. Entity Name ROYAL FLORIDIAN RESORT ASSOCIATION, INC.	

Principal Place of Business 51 S. ATLANTIC AVE ORMOND BEACH, FL 32176	Mailing Address P.O. BOX 6685 HILTON HEAD ISLAND, SC 29938
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**40102584**



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

04152008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	
JONES, BRIAN M 300 S. ORANGE AVE STE 1000 ORLANDO, FL 32801	

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) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</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>
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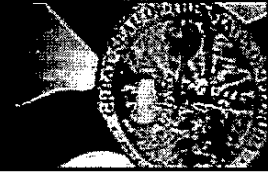
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COOPER, THOMAS DR. 826 GLENDOVER COVE LEXINGTON, KY 40502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RHEA, ALICE J 243 BRENTWOOD DRIVE LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BROWN, STEVE 101 WEST MAIN STREET STE 200 LAKELAND, FL 33815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS WILLIAMS, THOMAS P 35 DE ALLYON ROAD HILTON HEAD ISLAND, SC 29928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LAWLER, JAMES 5204 EAGLES PEAK WAY APT. 201 LOUISVILLE, KY 40241 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LOWREY, KATHLEEN 4975 PINWOOD PLACE COCOA, FL 32926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*DT  
Steve Swinsky  
844 Madeira Circle  
Tallahassee, FL 32312*

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:** *Thomas P. Williams* **Thomas P. Williams** *4/4/08* **785-3355**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Asst Secretary* Daytime Phone *815-5257*

40102584

FLORIDA DEPARTMENT OF STATE  
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## 2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

\*\* The document number, business name and file date cannot be changed on the report. \*\*

Document Number N97000002373

Business Entity Name ROYAL FLORIDIAN RESORT ASSOCIATION, INC.

Original File Date 04/28/1997

FEI Number 59-3485067

Principal Address 51 S. ATLANTIC AVE  
ORMOND BEACH, FL 32176

Mailing Address P.O. BOX 6685  
HILTON HEAD ISLAND, SC 29938

Registered Agent BRIAN M JONES  
300 S. ORANGE AVE  
STE 1000  
ORLANDO, FL 32801

### Officer/Director Name And Address

DP  
DR. THOMAS COOPER  
826 GLENDOVER COVE  
LEXINGTON, KY 40502 US

DS  
ALICE J RHEA  
243 BRENTWOOD DRIVE  
LEESBURG, FL 34748 US

DVP  
STEVE BROWN  
101 WEST MAIN STREET STE 200  
LAKELAND, FL 33815 US

DAS  
THOMAS P WILLIAMS  
35 DE ALLYON ROAD  
HILTON HEAD ISLAND, SC 29928

DT

Steve Swirsky  
Swirsky  
844 Madeira Circle  
Tallahassee FL  
32303  
32312

# ATTACHMENT

40102584

# N97000002373

JAMES LAWLER  
5204 EAGLES PEAK WAY APT. 201  
LOUISVILLE, KY 40241 US

DVP  
KATHLEEN LOWREY  
4975 PINWOOD PLACE  
COCOA, FL 32926 US

If all of the above  
information is correct and  
you do not wish to make  
any changes, please  
select:

No Changes

If you need to make  
changes to the above  
information, please  
select:

Make Changes