

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000002373

FILED  
Nov 04, 2009  
Secretary of State

**Entity Name:** ROYAL FLORIDIAN RESORT ASSOCIATION, INC.

**Current Principal Place of Business:**

51 S. ATLANTIC AVE  
ORMOND BEACH, FL 32176

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3485067      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: BRIAN M. JONES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: COOPER, THOMAS DR.  
Address: 826 GLENDOVER COVE  
City-St-Zip: LEXINGTON, KY 40502 US

Title: DS ( ) Delete  
Name: RHEA, ALICE J  
Address: 243 BRENTWOOD DRIVE  
City-St-Zip: LEESBURG, FL 34748 US

Title: DVP ( ) Delete  
Name: BROWN, STEVE  
Address: 101 WEST MAIN STREET STE 200  
City-St-Zip: LAKELAND, FL 33815 US

Title: DAS ( ) Delete  
Name: WILLIAMS, THOMAS P  
Address: 35 DE ALLYON ROAD  
City-St-Zip: HILTON HEAD ISLAND, SC 29928

Title: DT ( ) Delete  
Name: SWIRSKY, STEVE  
Address: 844 MADEIRA CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: DVP ( ) Delete  
Name: LOWREY, KATHLEEN  
Address: 4975 PINEWOOD PLACE  
City-St-Zip: COCOA, FL 32926 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: LESIZZA, ANNA  
Address: 170 W. CRAIG AVE.  
City-St-Zip: LAKE HELEN, FL 32744 US

Title: DVP (X) Change ( ) Addition  
Name: BROWN, STEVE  
Address: 401 S. FLORIDA AVE.  
City-St-Zip: LAKELAND, FL 33801 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: SWIRSKY, STEVEN  
Address: 844 MADEIRA CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: DVP (X) Change ( ) Addition  
Name: LOWREY, KATHLEEN  
Address: 355 POLK AVENUE, #5  
City-St-Zip: CAPE CANAVERAL, FL 32920 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA N. HORNE

CONT

11/04/2009

Electronic Signature of Signing Officer or Director

Date