

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90009 035 ****61.25

DOCUMENT # N97000004067					
1. Entity Name ROYAL PINES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 101 E TOWN PLACE STE 200 ST. AUGUSTINE, FL 32092 US		Mailing Address C/O MAY MGT 5455 A1A SOUTH ST. AUGUSTINE, FL 32080 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent SERRESLNA, MAY M 475 W TORN PLACE STE 116 SAINT AUGUSTINE, FL 32092					
7. Name and Address of New Registered Agent Name: <u>MAY MANAGEMENT SERVICES INC</u> Street Address (P.O. Box Number is Not Acceptable): <u>5455 A1A SO</u> City: <u>ST AUGUSTINE</u> FL Zip Code: <u>32080</u>					
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: <u>Cynthia H O'Neil</u> <u>CYNTHIA O'NEIL, TREASURER</u> 3/4/04 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE PD NAME DAVIDSON, SHERRY STREET ADDRESS 101 E TOWN PLACE STE 200 CITY-ST-ZIP SAINT AUGUSTINE, FL 32092	☐ Delete				
TITLE T NAME EDUATO, GIL STREET ADDRESS 101 E TOWN PLACE, STE 200 CITY-ST-ZIP ST AUGUSTINE, FL 32092	☐ Delete				
TITLE VPS NAME PARIANI, RICK STREET ADDRESS 101 E TOWN PLACE, STE 200 CITY-ST-ZIP ST AUGUSTINE, FL 32092	☐ Delete				
TITLE D NAME CLARK, DEBBIE STREET ADDRESS 408 RADKOG CT CITY-ST-ZIP YULEE, FL 32097	☒ Delete				
TITLE D NAME DONOVAN, TIM STREET ADDRESS 704 PINECREST ISLE CITY-ST-ZIP ST AUGUSTINE, FL 32092	☐ Delete				
TITLE D NAME CLAUDE ABBOTT STREET ADDRESS 408 RED BAY CT CITY-ST-ZIP ST AUGUSTINE, FL 32092	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE PD NAME SHERRY DAVIDSON STREET ADDRESS 101 E. Town Place, Ste 200 CITY-ST-ZIP St. Augustine, FL 32092	☒ Change ☐ Addition				
TITLE T NAME Eduardo Gil STREET ADDRESS 101 E. Town Place, Ste 200 CITY-ST-ZIP St. Augustine, FL 32092	☒ Change ☐ Addition				
TITLE VPS NAME Rick Pariani STREET ADDRESS 101 E. Town Place, Ste 200 CITY-ST-ZIP St. Augustine, FL 32092	☒ Change ☐ Addition				
TITLE D NAME Tim Donovan STREET ADDRESS 704 Pinecrest Isle CITY-ST-ZIP St. Augustine, FL 32092	☒ Change ☐ Addition				
TITLE D NAME Claude Abbott STREET ADDRESS 408 Red Bay Ct CITY-ST-ZIP St. Augustine, FL 32092	☐ Change ☒ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.					
SIGNATURE: <u>Garnes G. G. L.</u> 3/1/04 904 940 5000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					