2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State
04-08-2005 90064 048 ****61.25

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1. Entity Name
ROYAL PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
101 E TOWN PLACE STE 200 ST AUGUSTINE, FL 32092 US	C/O MAY MGT 5455 A1A SOUTH ST. AUGUSTINE, FL 32080 US

03302005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3464427 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAY MGMT. SVCS, INC. 5455 A1A SO SAINT AUGUSTINE, FL 32080	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVIDSON, SHERRY 101 E TOWN PLACE, STE. 200 SAINT AUGUSTINE, FL 32092	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Peter Smith 125 Pinehurst Point Drive St. Augustine, FL 32092 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EDUARTO, GIL 101 E TOWN PLACE, STE 200 ST AUGUSTINE, FL 32092	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Dana Cunningham 144 Pinehurst Point Dr. St. Augustine, FL 32092 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS PARIANI, RICK 101 E TOWN PLACE, STE 200 ST AUGUSTINE, FL 32092	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D J.R. Slaughter 501 Green Isle Court St. Augustine, FL 32092 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONOVAN, TIM 704 PINECREST ISLE SAINT AUGUSTINE, FL 32092	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tom Bencik 252 Pinehurst Point Dr. St. Augustine, FL 32092 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABBOTT, CLAUDE 408 RED BAY CT. SAINT AUGUSTINE, FL 32092	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Claude Abbott 408 Red Bay Court St. Augustine, FL 32092 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 all other like empowered.

SIGNATURE: Peter M Smith 4 April 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #