2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State
03-27-2007 90012 032 ****61.25

DOCUMENT # N97000004067

1. Entity Name
ROYAL PINES HOMEOWNERS ASSOCIATION, INC.

40042419

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

01182007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
May Mgt	
Suite, Apt. #, etc.: 5455 A1A South	Suite, Apt. #, etc.
City & State: St. Augustine, FL	City & State
Zip: 32080 Country: USA	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 Cynthia H Slick 1/23/07
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, 2007

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	VD SMITH, PETER 125 PINEHURST POINTE DR SAINT AUGUSTINE, FL 32092	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CUNNINGHAM, DANA 144 PINEHURST POINTE DR ST AUGUSTINE, FL 32092	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Frank Long 116 Pinehurst Pointe DR. St. Augustine, FL 32092	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SLAUGHTER JR. 501 GREEN ISLE CT ST AUGUSTINE, FL 32092	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD morand, Charles 120 Pinehurst Point Dr. St Augustine, FL 32092	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~BENDK~~, TOM 252 PINEHURST POINTE DR SAINT AUGUSTINE, FL 32092	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bendle, Tom	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ABBOTT, CLAUDE 408 RED BAY CT. SAINT AUGUSTINE, FL 32092	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☐ 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 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: Charles M Morand Jan. 31st 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 904 (9908755)