

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004067

FILED
Feb 08, 2011
Secretary of State

Entity Name: ROYAL PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

MAY MGT.
475 W TOWN PLACE SUITE 112
SAINT AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

C/O MAY MGT
5455 A1A SOUTH
ST. AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-3464427 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MAY MGMT. SVCS, INC.
5455 A1A S
SAINT AUGUSTINE, FL 32080 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: JARVIS, RICK
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP
Name: BASS, TOM
Address: 5455 A1A S
City-St-Zip: ST AUGUSTINE, FL 32080

Title: ST
Name: FUCHS, KENNETH
Address: 5455 A1A S
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D
Name: QUINET, KAREN
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D
Name: SMITH, PETER
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: TOM BASS

VP

02/08/2011

Electronic Signature of Signing Officer or Director

_____ Date