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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005087

1. Corporation Name

THE ASSOCIATION OF ROYAL PALMS, INC.

Principal Place of Business

2180 WEST SR 434
STE 5000
LONGWOOD FL 32779
US

Mailing Address

2180 WEST SR 434
STE 5000
LONGWOOD FL 32779
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/09/1997

4. FEI Number

59-3491591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HART, JAMES W JR
SENTRY MANAGEMENT, INC
2180 WEST SR 434, STE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
GALBRAITH, ROSS
2170 KNOX MCRAE DRIVE
TITUSVILLE FL 32780

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
TYNAN, BRENT
2170 KNOX MCRAE DRIVE
TITUSVILLE FL 32780

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GALBRAITH, ALISTAIR
2170 KNOX MCRAE DRIVE
TITUSVILLE FL 32780

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PD
JOHNSON, HARRY
2170 KNOX MCRAE DR #10
TITUSVILLE FL 32780

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
VD
PINKERMAN, BOB
29515 BRUCE DR
WILLOWICK OH 44095

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
SD
JOHNSON, EARL
2170 KNOX MCRAE DR #15
TITUSVILLE FL 32780

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Harry O. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-269-9784

CR2E037 (1/98)