

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005087

FILED  
Apr 07, 2006  
Secretary of State

**Entity Name:** THE ASSOCIATION OF ROYAL PALMS, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
STE 5000  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
STE 5000  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:** 59-3491591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT, INC  
2180 WEST SR 434, STE 5000  
LONGWOOD, FL 32779 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: PD ( ) Delete  
Name: MORTON, CRAIG  
Address: 3569 MUIRFIELD DR  
City-St-Zip: TITUSVILLE, FL 32780

Title: VPD ( ) Delete  
Name: GEDDES, BEVERLY  
Address: 2170 KNOX MCRAE DR #30  
City-St-Zip: TITUSVILLE, FL 32780

Title: SD (X) Delete  
Name: KENYON, MELINDA  
Address: 1660 LOCKE ST  
City-St-Zip: TITUSVILLE, FL 32780

Title: TD ( ) Delete  
Name: NORMAN, GARY  
Address: 2170 KNOX MCRAE DR #9  
City-St-Zip: TITUSVILLE, FL 32780

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MORTON, CRAIG  
Address: 3569 MUIRFIELD DR  
City-St-Zip: TITUSVILLE, FL 32780

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: NORMAN, GARY  
Address: 2170 KNOX MCRAE DR #9  
City-St-Zip: TITUSVILLE, FL 32780

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY NORMAN

PD

04/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date