

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000001205	
1. Entity Name ROYAL PALM CONDOMINIUM OWNERS' ASSOCIATION, INC.	

Principal Place of Business 3050 N HORSESHOE DR #172 NAPLES, FL 34104	Mailing Address 3050 N HORSESHOE DR #172 NAPLES, FL 34104
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02012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3503022	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENT, KRISTON
 1660 MEDICAL BLVD #100
 NAPLES, FL 34110

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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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

DATE
 03/07/07-80076-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEITMANN, JEFFREY 3050 N HORSESHOE DR #172 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENT, KRISTON J 3050 N HORSESHOE DR #172 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRANDALL, BLAINE 3050 N HORSESHOE DR #172 NAPLES, FL 34104
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Kriston Kent Date: 2/1/07 Daytime Phone #: 239 403 4006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR