


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90013 020 \*\*\*\*78.75

<b>DOCUMENT # N98000001329</b>						
<b>1. Entity Name</b> ROYAL VISTA RESORT OWNERS ASSOCIATION, INC.						
<b>Principal Place of Business</b> 1110 S OCEAN BLVD. POMPANO BEACH, FL 33062			<b>Mailing Address</b> 1110 S. OCEAN BLVD. POMPANO BEACH, FL 33062			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		<b>4. FEI Number</b> 65-0863647		
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
Applied For		Not Applicable				
<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICES COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City			
FL			Zip Code			
<b>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.</b>						
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> P	<b>NAME</b> BREMER, DAVID		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> P	<b>NAME</b> Rick Dunstan	
<b>STREET ADDRESS</b> 2601 PLAM AVE DR N	<b>CITY - ST - ZIP</b> POMPANO BEACH, FL 33069			<b>STREET ADDRESS</b> 8427 South Park Circle, Ste 500	<b>CITY - ST - ZIP</b> Orlando, FL 32819	
<b>TITLE</b> VP	<b>NAME</b> DINGLE, RICK		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VP	<b>NAME</b> Lew Gordon	
<b>STREET ADDRESS</b> 1110 SOUTH OCEAN BLVD	<b>CITY - ST - ZIP</b> POMPANO BEACH, FL 33062			<b>STREET ADDRESS</b> 8427 South Park Circle, Ste 500	<b>CITY - ST - ZIP</b> Orlando, FL 32819	
<b>TITLE</b> ST	<b>NAME</b> WAITERS, DANIEL		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> ST	<b>NAME</b> Jeff Musselman	
<b>STREET ADDRESS</b> 8417 SOUTH PARK CIRCLE, STE 500	<b>CITY - ST - ZIP</b> ORLANDO, FL 32819			<b>STREET ADDRESS</b> 8427 South Park Circle, Ste 500	<b>CITY - ST - ZIP</b> Orlando, FL 32819	
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 			<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 			<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 			<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>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.</b>						
<b>SIGNATURE:</b> _____				Date: 4/14/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 954-943-6280		

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