


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90286 029 ****61.25

DOCUMENT # N98000004427					
1. Entity Name THE ROYAL PALM HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O PHOENIX MGMT SERVICES, INC. 4780 N STATE RD 7, E250 LAUDERDALE LAKES, FL 33319			Mailing Address C/O PHOENIX MGMT SERVICES, INC. 4780 N STATE RD 7, E250 LAUDERDALE LAKES, FL 33319		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0933397	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHEONIX MANAGEMENT SERVICES 4780 N STATE RD 7, E250 LAUDERDALE LAKES, FL 33319			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	NAME BERKES, PETER <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 14382 N ROYAL COVE CIRCLE	CITY-ST-ZIP DAVIE, FL 33325		STREET ADDRESS	CITY-ST-ZIP	
TITLE PD	NAME ELLIS, PATRICK <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 14421 N ROYAL COVE CIRCLE	CITY-ST-ZIP DAVIE, FL 33325		STREET ADDRESS	CITY-ST-ZIP	
TITLE VPD	NAME SMALL, MARK <input checked="" type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 131 N ROYAL COVE CIRCLE	CITY-ST-ZIP DAVIE, FL 33325		STREET ADDRESS	CITY-ST-ZIP	
TITLE S	NAME DONALDS, JOHN <input checked="" type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 161 WEST ROYAL COVE CIRCLE	CITY-ST-ZIP DAVIE, FL 33325		STREET ADDRESS	CITY-ST-ZIP	
TITLE TD	NAME LAZARUS, LES <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 315 EAST ROYAL COVE CIRCLE	CITY-ST-ZIP DAVIE, FL 33325		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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: _____					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



01192007 Chg-NP CR2E037 (12/06)

FL

[Signature]

Patrick Ellis

5/26/07

954/573 8553