

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED  
2-26-08

08 FEB 22 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07052007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0933397 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ☐

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 #  
C/O MIAMI MANAGEMENT, INC.  
Suite, Apt. #, etc.  
1145 SAWGRASS CORP PKWY  
City & State  
SUNRISE, FL  
Zip  
33323  
Country  
USA

3. Mailing Address  
C/O MIAMI MANAGEMENT.  
Suite, Apt. #, etc.  
1145 SAWGRASS CORP PKWY  
City & State  
SUNRISE, FL  
Zip  
33323  
Country  
USA

6. Name and Address of Current Registered Agent  
PHEONIX MANAGEMENT SERVICES  
4780 N STATE RD 7, E250  
LAUDERDALE LAKES, FL 33319

7. Name and Address of New Registered Agent  
Name KATZMAN & KORR  
Street Address (P.O. Box Number is Not Acceptable)  
1501 NW 49 STREET #202  
City FT. LAUDERDALE FL Zip Code 33309

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 Leah C. Katzman, Esq. 2/15/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

Amended AR is \$61.25

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERKES, PETER 14382 N ROYAL COVE CIRCLE DAVIE, FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIS, PATRICK 14421 N ROYAL COVE CIRCLE DAVIE, FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAZARUS, LES 315 EAST ROYAL COVE CIRCLE DAVIE, FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WESSLER, PEGGY 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIS, PATRICK 1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAZARUS, LES 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BERKES, PETER 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Patrick Ellis 1/21/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #