## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000004427

FILED Apr 08, 2009 Secretary of State

Entity Name: THE ROYAL PALM HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O MIAMI MANAGEMENT, INC C/O MIAMI MANAGEMENT, INC 1145 SAWGRASS CORP PKWY 1145 SAWGRASS CORP PKWY SUNRISEQFL, FL 33323 SUNRISE, FL 33323 **Current Mailing Address:** New Mailing Address: C/O MIAMI MANAGEMENT, INC C/O MIAMI MANAGEMENT, INC 1145 SAWGRASS CORP PKWY 1145 SAWGRASS CORP PKWY SUNRISEQFL, FL 33323 SUNRISE, FL 33323 FEI Number: 65-0933397 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KATZMAN GARFINKEL, P.A. 1501 N.W. 49TH ST. SUITE 202 FT. LAUDERDALE, FL 33309 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BERKES, PETER Name: Name: 1145 SAWGRASS CORP PKWYNC Address: Address: City-St-Zip: SUNRISE, FL 33323 City-St-Zip: Title: () Delete Title: () Change () Addition WESSLER, PEGGY Name: Name: Address: 1145 SAWGRASS CORP PKWY Address: City-St-Zip: SUNRISE, FL 33323 City-St-Zip: Title: () Delete Title: () Change () Addition LAZARUS, LES Name: Name: 1145 SAWGRASS CORP PKWYCLE Address: Address: City-St-Zip: SUNRISE, FL 33323 City-St-Zip: (X) Change ( ) Addition Title: PD ( ) Delete Title: PD Name: ELLYS, PATRICK 1 Name: ELLIS, PATRICK 1 1145 SAWGRASS CORP PKWY 1145 SAWGRASS CORP PKWY Address: Address: City-St-Zip: SUNRISE, FL 33323 City-St-Zip: SUNRISE, FL 33323 Title: () Delete Title: ( ) Change (X) Addition HOBBS, DIONNE Name: Name: 1145 SAWGRASS CORPORATE PARKWAY Address: Address: City-St-Zip: City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify 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: PATRICK ELLIS PD 04/08/2009