

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **707644** (1)
1. Corporation Name
THE PALM ROYAL APARTMENTS, INC., A CONDOMINIUM



Principal Place of Business: **36 SE 13TH ST. BOCA RATON FL 33432**
Mailing Address: **36 SE 13TH ST BOCA RATON FL 33432 US**

3. Date Incorporated or Qualified: **07/27/1964**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1225627**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24):
2a. Mailing Address (26-30):
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent
NOCON, JOHN
35 S.E. 13TH ST.
#1
BOCA RATON FL 33432

10. Name and Address of New Registered Agent
81. Name: **WALTER GOVERTSON**
82. Street Address (P.O. Box Number is Not Acceptable): **25 S.E. 13TH ST. #B-6**
83. City: **BOCA RATON** FL 85. Zip Code: **33432**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Walter Santhan* DATE: **4/19/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: P	<input type="checkbox"/> DELETE
NAME: RUOTOLO, ANTHONY P	
STREET ADDRESS: 35 S.E. 13TH STREET, B-5	
CITY-ST-ZIP: BOCA RATON FL 33432	
TITLE: T	<input checked="" type="checkbox"/> DELETE
NAME: SMITH, GEORGE	DIRECTOR
STREET ADDRESS: 10 S.E. 13TH STREET A-4	
CITY-ST-ZIP: BOCA RATON FL 33432	
TITLE: S	<input checked="" type="checkbox"/> DELETE
NAME: ROBINSON, EMILY	DIRECTOR
STREET ADDRESS: 10 S.E. 13TH STREET, D-1	
CITY-ST-ZIP: BOCA RATON FL 33432	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: APPEQUIST, DOROTHY	
STREET ADDRESS: 35 S.E. 13TH STREET, A-4	
CITY-ST-ZIP: BOCA RATON FL 33432	
TITLE: D	<input type="checkbox"/> DELETE
NAME: LABONTE, RICHARD	
STREET ADDRESS: 20 S.E. 13TH STREET	
CITY-ST-ZIP: BOCA RATON FL 33432	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: WEIR, SIGNE	
STREET ADDRESS: 15 SE 13TH STREET, D4	
CITY-ST-ZIP: BOCA RATON FL 33432	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: WALTER GOVERTSON	
1.3 STREET ADDRESS: 25 SE 13TH ST. #B-6	
1.4 CITY-ST-ZIP: BOCA RATON FL 33432	
2.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE: S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: LELAND, CELIL	
3.3 STREET ADDRESS: 40 SE 13TH ST 6-1	
3.4 CITY-ST-ZIP: BOCA RATON, FL 33432	
4.1 TITLE: DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: RICHARD SANDT	
4.3 STREET ADDRESS: 40 SE 13TH ST. A-4	
4.4 CITY-ST-ZIP: BOCA RATON, FL 33432	
5.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: DOROTHY FISHER	
5.3 STREET ADDRESS: 20 SE 13TH ST. #A-5	
5.4 CITY-ST-ZIP: BOCA RATON, FL 33432	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *[Signature]* DATE: **4/10/96** DAYTIME PHONE: **(407) 391-7268**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)