

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90298 049 ****61.25

DOCUMENT # 707644

1. Entity Name

THE PALM ROYAL APARTMENTS, INC.

Principal Place of Business

Mailing Address

36 SE 13TH ST.
 BOCA RATON FL 33432

36 SE 13TH ST
 BOCA RATON FL 33432
 US

00010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1225627

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEDESCO, ROY S ESQ
TEDESCO & LANDIS P.A
980 N FEDERAL HWY SUITE 302
BOCA RATON FL 33432

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.

SIGNATURE

Elin V. Bridgham Secretary

1-26-2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLACURCIO, ROBERT	
STREET ADDRESS	35 SE 13TH ST A-1	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEBONTE, WILLIAM	
STREET ADDRESS	20 SE 13TH ST. #A4	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEFF, HUGH M	
STREET ADDRESS	25 SE 13TH ST C-6	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, GEO	
STREET ADDRESS	10 SE 13TH ST. #A4	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK F. MOSS	
STREET ADDRESS	20 S.E. 13TH ST. A-5	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBONTE WILLIAM	
STREET ADDRESS	20 SE 13 ST A4	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	RICHARD SANDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	15 S.E. 13 ST. C2	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	S. Elin Bridgham	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	10 S.E. 13th Street #C-4	
CITY-ST-ZIP	Boca Raton, Fl. 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Elin V. Bridgham Secretary

1-26-2001 561-368-5314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)