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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 723422 (2)  
1. Corporation Name  
HARBOUR ROYALE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address  
510 PALM SPRINGS BLVD. INDIAN HARBOUR BEACH FL 32937  
510 PALM SPRINGS BLVD. INDIAN HARBOUR BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/16/1972  
3a. Date of Last Report 01/24/1994  
4. FEI Number 59-1786502 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
KRAISEL, HY  
500 PALM SPRINGS BLVD #209N  
INDIAN HARBOUR BEACH FL 32937

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Applicable) 789891419317  
-03702795--01062--002  
83 \*\*\*130.00 \*\*\*130.00  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, LORRAINE 500 PALM SPRINGS BLVD. 308N INDIAN HRBR BCH, FL00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Armiger, Charles 520 Palm Springs Blvd 209S IHB, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARMIGER, CHARLES 520 PALM SPRINGS BLVD., 209S INDIAN HRBR BCH, FL00000	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wagner, Alice 520 Palm Springs Blvd 208S IHB, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRAISEL, HY 500 PALM SPRGS BLVD 209N INDIAN HRBR BCH, FL00000	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Treasurer (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition Kraisel, Hy 500 Palm Springs Blvd 209N Indian Harbour Beh, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEGAL, MARIE 500 PALM SPRINGS BLVD. 306N INDIAN HRBR BCH, FL00000	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Secretary (d) <input type="checkbox"/> Change <input type="checkbox"/> Addition Marie Segal 500 Palm Springs Blvd 306N IHB, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address.

SIGNATURE: *Hyman Kraisel* Hyman Kraisel, Treas  
Date: 2/13/95 407-773-8453  
Signature and typed or printed name of signing officer or director