

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 # 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

3. Date Incorporated or Qualified
05/16/1972

3a. Date of Last Report
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1786502

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

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

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAISEL, HY
500 PALM SPRINGS BLVD #209N
INDIAN HARBOUR BEACH FL 32937

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMIGER, CHARLES	1.2 NAME	SHEILA WOHLMUTH
STREET ADDRESS	520 PALM SPRINGS BLVD. 209S	1.3 STREET ADDRESS	510 PALM SPRGS. BLVD #509N
CITY-ST-ZIP	INDIAN HRBR BCH, FL 32937	1.4 CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, ALICE	2.2 NAME	ARMIGER, CHARLES
STREET ADDRESS	520 PALM SPRINGS BLVD., 208S	2.3 STREET ADDRESS	510 PALM SPRGS. BLVD 209S
CITY-ST-ZIP	INDIAN HRBR BCH FL 32937	2.4 CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL, 32937
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAISEL, HY	3.2 NAME	
STREET ADDRESS	500 PALM SPRGS BLVD 209N	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HRBR BCH FL 32937	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGAL, MARIE	4.2 NAME	
STREET ADDRESS	500 PALM SPRINGS BLVD. 306N	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HRBR BCH FL 32937	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an address.

SIGNATURE: *Hyman Kraisel* - Hyman Kraisel, TREAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

Date

407-773-8613

Daytime Phone #

CR2E037 (12/95)