FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

723422

(2)

HARBOUR ROYALE CONDOMINIUM ASSOCIATION, INC.

Principal Place	e of Business	Mailing Addr	ess			7 tabite sadie ilden seht sibin tibin tibin dibi dibih debih debi sabit beni debi	
510 PALM SPRINGS BLVD. INDIAN HARBOUR BEACH FL 32937			510 PALM SPRINGS BLVD. Indian Harbour Beach FL 32937-2653				
						3. Date Incorporated or Qualified 05/16/1972 01/25/1996	
2. Principal Pl	lace of Business	2a. Mailing A	ddress			4. FEI Number Applied Fc 59-1786502 Not Applie	
21		26				Protripping	****
Suite, Apt.	#, etc	Suite, Ap	î. #, etc.			5. Certificate of Status Desired See Required	al
City & State	9	27 City & Sta	ate			6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	•
Zıp	Country	Zip		Country		8. This corporation has liability for intangible tax under s. 199.03	2,
24	25	29	30	l		Florida Statutes Yes No	
	9. Name and Address of Curr	rent Registered Age	nt			10. Name and Address of New Registered Agent	
				81	Name	0	
Kraisel, Hy				82	Street	et Address (P.O. Box Number is Not Acceptable)	
	.M SPRINGS BLVD #209N						
INDIAN	HARBOUR BEACH FL 32937			83			
				84	City	FL 85 Zip Code	J
11 Purguant	to the provisions of Sections 617.0	1502 and 617 1508 F	torida Statutes	the abov	-named		ered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such o	change was auth	orized by	the cor	ed corporation submits this statement for the purpose of changing its regist orporation's board of directors. I hereby accept the appointment as register	ed
	т татпінат мілі, апо ассерт іле об	ilgations of, Section (o i r.usus, Fioriu	a Statute:			
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Re	gistered Age	int skinatur	ure regulted when reinstating) DATE	
12.		AND DIRECTORS		13.	<u>-</u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD		DELETE	1.1 TITLE		☐ Change ☐ Ad	dition
NAME	Wohlmuth, Sheila			1.2 NAME			
STREET ADDRESS	500 PALM SPRINGS BLVD	509N		1.3 STREET	ADDRESS	s i	
CITY-ST-ZIP	INDIAN HARBOUR BEACH	FL		1.4 CITY - 9	T-ZIP		
TITLE	VPD		DELETE	2.1 TITLE		Change Ac	dition
NAME	ARMIGER, CHARLES			22 NAME			
STREET ADDRESS	520 PALM SPRINGS BLVD			23 STREET	ADDRESS	S	
CITY-ST-ZIP	INDIAN HARBOUR BEACH	<u>FL</u>	T DELETE	2.4 CiTY-	ST-ZIP		atat
TITLE	TD	L	DELETE	3.1 TITLE		Change Ac	dition
NAME	KRAISEL, HY	001		3.2 NAME			
STREET ADDRESS	500 PALM SPRGS BLVD 20 INDIAN HRBR BCH FL 329			3.3 STREET			
CITY-ST-ZIP TITLE	SD SD		DELETE	3.4. CITY- 4.1 TITLE	S1-ZIP	Change A	ditina
NAME	SEGAL, MARIE	_	Joecere	4. 2 NAME			
STREET ADDRESS	500 PALM SPRINGS BLVD.	306N	y y see s	4.3 STREET	ADDRESS	हरू होता है। इस स्थानिक स्थानिक स्थानिक होते हैं। इस स्थानिक स्थानिक स्थानिक स्थानिक स्थानिक स्थानिक स्थानिक स	
CITY-ST-ZIP	INDIAN HRBR BCH FL 329			4.4 CITY-3			
TITLE			DELETE	5.1 TITLE	·	Change A	dition
NAME				5.2 NAME		•	
STREET ADDRESS				5.3 STREE	ADDRESS	is l	
CITY-ST-ZIP				5.4 CITY-3	T-21P		
TITLE] DELETE	6.1 TITLE		Change A	dition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET	ADDRESS	ss	
CITY-ST-ZIP	ı			6.4 CITY-	T_710		
						n stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	

SIGNATURE: _

EIGNATURE REQUIRED

y frame 1/0/97

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Daytime Phone # 0019739

FILED

Feb 13 1997 8:00am

Secretary of State