2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 16, 2005 8:00 am Secretary of State

	1. Entity Name	MENT # 725028 EAU ROYAL CONDOMIN	IUM ASS	OCIATION,				05-16-2005 9	90201 04	7 ****61.:	25	
Principal Place of Business 3540 S OCEAN BLVD. SOUTH PALM BEACH, FL 33480 Mailing Address 3540 S OCEAN BLVD. SOUTH PALM BEACH, FL 33480 SOUTH PALM BEACH, FL 3					. 33480		1 1884) 1881	A TORNI IROJE ANGEL ENGI GENE HERS IEN BIEN SIGN BIEN BIEN BIEN BIEN BIEN BIENE BE MEN				
	2. Principal Pl	lace of Business	3. Mailin	g Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05112005	Chg-NP	CR2E03	37 (10/03)			
City & State			City & State			4. FEI Numbe 59-1502				plied For		
ŀ	Zip	Zip Country		Zip Cor		try	5. Certificate of Status Desired \$8.75 A			\$8.75 Add		
H		6. Name and Address of Currer	nt Registered	Agent			7 Name and	Address of New F	Registered		<u>-</u>	
H		- C. Name and Address of Ourier	it mogratored	Manic		Name	7. Name and	Address of New 1	registered	Agent		
MILLER, BARBARA 3540 S OCEAN BLVD						Street Addre	ess (P.O. Box Numbe	er is Not Acceptabl	le)			
	#511W SOUTH PA	ALM BEACH, FL 33480										
					-	City				Zip Code	<u> </u>	
Ļ		named entity submits this statement							FL	<u>- </u>		
	the obligati	ions of registered agent.			•	_	Ţ				·	
	SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applic	cable. (NOTE:	Registered A	Agent signature re	equired when reinstating)		DATE			
			ent and title if applic	9. Election Camp Trust Fund Co	paign Fina	ancing	\$5.00 May B		Make chec	k payable to		
		Signature, typed or printed name of registered age Filling Fee is \$61.25		9. Election Camp	paign Fina	ancing	\$5.00 May B Added to Fees	Flo	Make chec rida Depa	rtment of St	tate	
	Di	Signature, typed or printed name of registered age Filling Fee is \$61.25 ue by September 7, 2005		9. Election Camp Trust Fund Co	paign Fina	ancing	\$5.00 May B Added to Fees ADDITIONS/CH/		Make chec rida Depa	RECTORS IN	tate	
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12. I hereby certify that the information supplied with this filling 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: SIGNATURE

CLIFACE MULLISH SIGNING OFFICER OR DIRECTOR

5/11/05

Daytime Phone #