

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725755

1. Entity Name

ROYAL OAKS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90056 048 \*\*\*\*61.25

Principal Place of Business	Mailing Address
2698 NW 52ND AVE LAUDERHILL FL 33313 US	2190 S.E. 17TH ST. #211 FT. LAUDERDALE FL 33316-2105 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	1702 CONQUA ROAD 2

City & State	City & State
	FT. LAUDERDALE, FL
Zip	Country
33316	BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-1546199	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUPP, WILLIAM R. 2190 S.E. 17TH ST., #211 FT. LAUDERDALE FL 33316	Name Street Address (P.O. Box Number is Not Acceptable) 1702 CONQUA ROAD #2 City FT. LAUDERDALE FL Zip Code 33316

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  DATE

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																																				
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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:  4.17.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)