

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 725755**

1. Entity Name

**ROYAL OAKS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**2698 NW 52ND AVE  
LAUDERHILL FL 33313  
US**

Mailing Address

**1702 CORDOVA ROAD  
SUITE 2  
FT. LAUDERDALE FL 33316  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-1546199**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUPP, WILLIAM R.  
1702 CORDOVA ROAD  
FT. LAUDERDALE FL 33316**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ASTLEY YOUNG, 7821 VENERIA STREET HOLLYWOOD FL 33023	<input type="checkbox"/>		<input type="checkbox"/>
VP ASHENALT, WILLIAM 2736 NE 19 STREET FORT LAUDERDALE FL 33305	<input checked="" type="checkbox"/>		<input type="checkbox"/>
PD ROSS, GEORGINA 2524 N.W. 52 AVENUE FORT LAUDERDALE FL 33313	<input type="checkbox"/>		<input type="checkbox"/>
VPD HOLNESS, DALE 4325 WEST SUNRISE BLVD. FORT LAUDERDALE FL 33313	<input type="checkbox"/>		<input type="checkbox"/>
ST JOHN, FRED 641 N.W. 75 TERRACE FORT LAUDERDALE FL 33317	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90071 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)