## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 22, 2002 8:00 am Secretary of State **DOCUMENT # 725755** 1. Entity Name 01-22-2002 90102 020 \*\*\*\*61.25 ROYAL OAKS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2698 NW 52ND AVE 1702 CORDOVA ROAD LAUDERHILL FL 33313 SUITE 2 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1546199 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RUPP, WILLIAM R. 1702 CORDOVA ROAD FT. LAUDERDALE FL 33316 Zip Code FL 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE ASTLEY YOUNG, NAME NAME 7821 VENERIA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOLLYWOOD FL 33023** PD Delete TITLE Change ☐ Addition TITLE RUSS, GEORGINA NAME NAME 2524 N.W. 52 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33313 VPD ---TITLE Change ☐ Addition ☐ Delete TITLE HOLNESS, DALE NAME NAME 4325 WEST SUNRISE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33313 ☐ Change Addition ☐ Delete TITLE TITLE JOHN, FRED NAME NAME 641 N.W. 75 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33317 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 mostee 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: