

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 756146 (7)  
1. Corporation Name  
**ROYAL PARK GARDENS CONDOMINIUM III ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
1323 LYONS RD. COCONUT CREEK FL 33063 1323 LYONS RD. COCONUT CREEK FL 33063

3. Date Incorporated or Qualified 01/30/1981 3a. Date of Last Report 02/16/1995  
4. FEI Number 59-2072363 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
MESSER, THOMAS  
1323 LYONS RD.  
COCONUT CREEK FL 33063

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	PD
NAME	POZIT, LEE	1.2 NAME	MIMI HAYMES
STREET ADDRESS	6870 ROYAL PALM BLVD.	1.3 STREET ADDRESS	6850 ROYAL PALM BLVD
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VD	2.1 TITLE	VD
NAME	BERGRIN, IRVING	2.2 NAME	RON EMDE
STREET ADDRESS	6800 ROYAL PALM BLVD	2.3 STREET ADDRESS	6800 ROYAL PALM BLVD
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	MARGATE, FL 33063
TITLE	PD	3.1 TITLE	SD/TD
NAME	ABRAMWITZ, MURRY	3.2 NAME	PAULINE ABRAMOWITZ
STREET ADDRESS	6890 ROYAL PARK BLVD	3.3 STREET ADDRESS	6890 ROYAL PALM BLVD.
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	MARGATE, FL 33063
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	000001746260
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-03/18/96--01024--007
TITLE		5.1 TITLE	***\$1.25
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/10/96 949-3620  
Daytime Phone #

CR2E037 (12/95)