2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # 767098

1. Entity Name

SIGNATURE:

SIGNATURE AND THE

ROYAL PARK II CONDOMINIUM ASSOCIATION, INC.



FILED Mar 09, 2004 8:00 am Secretary of State 03-09-2004 90035 009 ****61.25

Daytime Phone #

Melling Advises SOUTH-REST CONDOMINIUM MANAGEMENT SOUTH-REST CONDOMINIUM MANAGEMENT SOUTH-REST CONDOMINIUM MANAGEMENT SURIC Apil #, etc. City & State							600 W	E SHAPE					
2085 UNIVERSITY OR CORAL SPRINGS F1 33066 2086 UNIVERSITY OR CORAL SPRINGS F1 33068 2086 UNIVERSITY OR CORAL SPRINGS F1 33071 2086 UNIVERSITY OR CORAL SPRINGS F1 33071 2086 UNIVERSITY OR CORAL SPRINGS F1 33072 2086 UNIVERSITY OR C	Principal Plac	e of Business	;	Mailing .	Address								
SUITE-APIL #, eff.: City & State City & State	2085 UNIVERSITY DR 2085 UNIVERSITY DR CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065												
City & State City & State Country 33071 Country 5. Certificate of Status Desired See Reposted Se	2. Principal P	lace of Busin	3. Mailin	3. Mailing Address									
Country 33	Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.								
SOUTHEAST CONDOMINIUM MANAGEMENT SOUTHEAST CONDOMINIUM MANAGEMENT CORAL SPRINGS FL 33071 6. Name and Address of Current Registered Agent SCOUTHEAST CONDOMINIUM MANAGEMENT CORY STOOL Address (P.O. Box Number is Not acceptable) City FL Zip Code City FL Zip Code 6. The above named entity submits this stratement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the displacement of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the displacement of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the displacement of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the displacement agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its r	City & State	e		City	City & State				4. FEI Number	59-27904	98		
SOUTHEAST CONDOMINIUM MANAGEMENT 2085 UNIVERSITY DR CORAL SPRINGS FL 33071 8. The above ramed entity submits this statement for the purpose of changing its registered office or registered ugent, or both, in the State of Forida. I am farmillar with, and accept me obligations of registered agent. SIGNATURE Sprattle, typic or printed named registered spent and time it approace. NOTE Registered office or registered ugent, or both, in the State of Forida. I am farmillar with, and accept me obligations of registered agent. DATE	Zip	Zip Country						5. Certificate of Status Desir					
SOUTHEAST CONDOMINIUM MANAGEMENT 2085 UNIVERSITY DR CORAL SPRINGS FL 33071 8. The above ramed entity submits this statement for the purpose of changing its registered office or registered ugent, or both, in the State of Forida. I am farmillar with, and accept me obligations of registered agent. SIGNATURE Sprattle, typic or printed named registered spent and time it approace. NOTE Registered office or registered ugent, or both, in the State of Forida. I am farmillar with, and accept me obligations of registered agent. DATE		6. Name	and Address of Curre	ent Registered	Agent		1		7. Name and A	ddress of New	Registered A	gent	· · · · · · · · · · · · · · · · · · ·
2085 UNIVERSITY DR CORAL SPRINGS FL 33071 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SI													
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent. SIGNATURE SIGNATUR	2085 UNIVERSITY DR						Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, Types or protect name of registered agent and little? applicable (NOTE Registered Agent Rigoroure required when revealable) DATE	COF	AL SPAII	NGS FL 33071									Zin Coa	lo.
SIGNATURE Signature File Now: FEE IS \$61.25 Pice Now: File Signature Signature							City				FL	Zip Coc	ie
Signature, typical or printed name of legislature de l'application (NOTE Regislature recounted when resonating) DATE													
Trust Fund Contribution. Added to Fees Florida Department of State Trust Fund Contribution. Added to Fees Florida Department of State Title PD Addition Addition Addition Addition Addition Addition ARAUJO, LYNDON Gelele Title AMME Addition Title CHARRENZA, JOHN Addition Title CHARRENZA, JOHN Addition Title CHARRENZA, CAROLYN Gelele Title Title CHARRENZA, CAROLYN Gelele Title Title CHARRENZA, CAROLYN CORAL SPRINGS FL Title CHARRENZA, CAROLYN Gelele Title NAME STREET ADDRESS CITY-ST-ZIP Title NAME STREET ADDRESS CITY-ST-ZIP Title NAME STREET ADDRESS CITY-ST-ZIP Title NAME STREET ADDRESS CITY-ST-ZIP Title NAME Gelele Title Gelele Title NAME STREET ADDRESS CITY-ST-ZIP Title NAME STREET ADDRESS CITY-ST-ZIP Title NAME Gelele Title CHARGE Gelele Title NAME STREET ADDRESS CITY-ST-ZIP Title NAME Gelele Title Gelele Title NAME STREET ADDRESS CITY-ST-ZIP Title NAME Gelele Title Gelele Title NAME STREET ADDRESS CITY-ST-ZIP Title NAME Gelele Title Gelele Gelele Title Gelele Gele													
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CORAL SPRINGS DR CORAL SPRINGS FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CORAL SPRINGS FL TITLE NAME STREET ADDRESS CITY-ST-ZIP													
ARAUJO, LYNDON SGRI CORAL SPRINGS DR CORAL SPRINGS FL TILE NAME STREET ADDRESS CITY-ST-ZIP TILE CHIARENZA, JOHN UNIVERSITY DR CORAL SPRINGS FL TILE CHIARENZA, CAROLYN UNIVERSITY DR CORAL SPRINGS FL TILE NAME STREET ADDRESS CITY-ST-ZIP TILE CHIARENZA, CAROLYN UNIVERSITY DR CORAL SPRINGS FL TILE CHIARENZA, CAROLYN UNIVERSITY DR CORAL SPRINGS FL TILE CHIARENZA, CAROLYN UNIVERSITY DR CORAL SPRINGS FL TILE STREET ADDRESS CITY-ST-ZIP TILE TILE TILE NAME STREET ADDRESS CITY-ST-ZIP TILE STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE STREET ADDRESS CITY-ST-ZIP TILE STREET ADDRESS CITY-ST-ZIP TILE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY	10.		OFFICERS AND	DIRECTORS		11.			ADDITIONS/CHAN	IGES TO OFFIC	CERS AND DIR	ECTORS IN	V 10
SIRET ADDRESS CITY-ST-ZIP TITLE NAME CORAL SPRINGS FL TITLE NAME ORAL SPRINGS FL TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	_			☐ Delete	TITLE	E					Change	Addition
CITY-ST-ZIP TITLE MAME. STREET ADDRESS CITY-ST-ZIP TITLE MAME. CORAL SPRINGS FL CORAL SPRINGS FL TITLE MAME. STREET ADDRESS CITY-ST-ZIP TITLE MAME. STREET ADDRESS CITY-ST-ZIP TITLE MAME. STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY		i '					_						
TITLE MAME . STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL TITLE MAME . STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL TITLE MAME . STREET ADDRESS CITY-ST-ZIP													
MAME . CHIARENZA, JOHN					· 'm/	_							
STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL TITLE NAME - STREET ADDRESS CITY-ST-ZIP	§	i -	A. JOHN		Delete	1						Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP)		•			1	-						
NAME CHIARENZA, CAROLYN NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	CORAL SPI	RINGS FL										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	I -			☐ Delete	TITLE	 E					☐ Change	☐ Addition
CITY-ST-ZIP CORAL SPRINGS FL CITY-S	NAME-					NAM	Ε -	-			·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						1							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		CORAL SFI	MINGS FE			CITY	-ST-ZIP	<u> </u>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1				L.J Delete	1		P	about D	elm		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1					4		mic	Tuin	a DC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1					4		Boc	o Potan	FL 334	132		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE	-			☐ Delete	TITLE	E	, , , ,	~ Kacionj	,		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME					NAM	E						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						1							
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	<u> </u>												
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	,				☐ Delete	1						☐ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP	i					1							
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 employed to execute this report as required by Chapter 517. Election Statutes and that I am an officer or director	1												
	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 that my signature shall have the same legal effect as if made under oath; that I am an officer or director												nformation r or director