

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY 30 11 58:09

DOCUMENT # **770771** (4)  
1. Corporation Name  
**ROYAL PALM OWNERS ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**CLEAN CUT REAL ESTATE MANAGEMENT**  
1945 17TH ST  
SARASOTA FL 34234  
US

3. Date Incorporated or Qualified **10/17/1983** 3a. Date of Last Report **03/14/1994**  
4. FEI Number **59-2388439** 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
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 **Crystal Property Mgmt.** 26 **Crystal Property Mgmt.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**HALL, ROBERT**  
**5372 ROYAL PALM AVE**  
**SARASOTA FL 34234**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Robert W. Hall* **Robert Hall, Vice President** **4/20/95**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<del>D</del>
NAME	<b>HILL, WILLARD</b>
STREET ADDRESS	<b>5318 ROYAL PALM AVE</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>
TITLE	<del>VD</del>
NAME	<del>DENEAU, BARBARA</del>
STREET ADDRESS	<del>5342 ROYAL PALM AVE</del>
CITY - ST - ZIP	<del>SARASOTA FL 34234</del>
TITLE	<del>SD</del>
NAME	<b>HALL, ROBERT</b>
STREET ADDRESS	<b>5372 ROYAL PALM AVE</b>
CITY - ST - ZIP	<b>SARASOTA FL 34234</b>
TITLE	<b>TD</b>
NAME	<b>ENGLANDER, RICHARD</b>
STREET ADDRESS	<b>5508 CONTENTO DR</b>
CITY - ST - ZIP	<b>SARASOTA FL 34233</b>
TITLE	<b>PD</b>
NAME	<b>WEAR, ROBERT</b>
STREET ADDRESS	<b>5316 ROYAL PALM AVE</b>
CITY - ST - ZIP	<b>SARASOTA FL 34234</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Michael Wuertz</b>
2.3 STREET ADDRESS	<b>5330 Royal Palm Avenue</b>
2.4 CITY - ST - ZIP	<b>Sarasota, FL 34234</b>
3.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(a), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert W. Hall* **Robert W. Hall, Vice** **4/20/95** **355-2084**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date