

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90187 002 ****61.25

60036299



04022007 Chg-NP CR2E037 (12/06)

DOCUMENT # N05000012573			
1. Entity Name ROYAL OAK CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 503 N ORLANDO AVE STE 203 COCO BCH, FL 32931		Mailing Address 503 N ORLANDO AVE STE 203 COCO BCH, FL 32931	
2. Principal Place of Business - No P.O. Box # 503 N. Orlando Ave Suite, Apt. #, etc. Suite 205		3. Mailing Address 503 N. Orlando Ave Suite, Apt. #, etc. Suite 205	
City & State Cocoa Beach FL		City & State Cocoa Beach FL	
Zip 32931	Country Brevard	Zip 32931	Country Brevard
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRODIE, SIDNEY Z 7270 NW 12TH ST PH-1 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Pro manage LLC Street Address (P.O. Box Number is Not Acceptable): 503 N. Orlando Ave. Suite 205 City Cocoa Beach FL Zip Code 32931	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 4/10/07

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAL, ORI 1428 BRICKELL AVE MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BOAZIZ, MORDECHAI 1428 BRICKELL AVE MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINK, GUY 1428 BRICKELL AVE MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 4/10/07 DAYTIME PHONE #