

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 14 AM 9:34**

**DOCUMENT # NO9887 (3)**  
1. Corporation Name

**PORT ROYAL CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business: **1700 N ATLANTIC AVE  
COCOA BEACH FL 32931-5201**  
Mailing Address: **1700 N ATLANTIC AVE  
COCOA BEACH FL 32931-5201**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/20/1985**  
3a. Date of Last Report: **04/19/1994**

4. FEI Number: **59-2544788**  
Applied For:   
Not Applicable:

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

City & State: **23** City & State: **28**

Zip: **24** Country: **25** Zip: **29** Country: **30**

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. 189.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**SHOEMAKER, JOHN B.  
505 N. ORLANDO  
COCOA BEACH FL 32931**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>
NAME	<b>STEIGER, MARTIN</b>
STREET ADDRESS	<b>1700 N. ATLANTIC AVE.</b>
CITY - ST - ZIP	<b>COCOA BCH. FL</b>
TITLE	<b>VPD</b>
NAME	<b>CONTANT, GENE</b>
STREET ADDRESS	<b>1700 N. ATLANTIC AVE., SUITE 242</b>
CITY - ST - ZIP	<b>COCOA BCH. FL</b>
TITLE	<b>T</b>
NAME	<b>STITES, SAMUEL</b>
STREET ADDRESS	<b>1700 N. ATLANTIC AVE., SUITE 141</b>
CITY - ST - ZIP	<b>COCOA BCH. FL</b>
TITLE	<b>VP</b>
NAME	<b>BRENNAN, MIKE</b>
STREET ADDRESS	<b>1700 N. ATLANTIC AVE.</b>
CITY - ST - ZIP	<b>COCOA BCH. FL</b>
TITLE	<b>S</b>
NAME	<b>ENNIS, JOANNE</b>
STREET ADDRESS	<b>1700 N. ATLANTIC AVE., SUITE 252</b>
CITY - ST - ZIP	<b>COCOA BCH. FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DAUXERRE, Michel</b>
4.3 STREET ADDRESS	<b>1700 N. Atlantic Ave Suite 241</b>
4.4 CITY - ST - ZIP	<b>COCOA BCH. FL</b>
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)(b), 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: **Martin Steiger** *Martin Steiger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/95 (407) 784-0869**  
Date Daytime Phone #