

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 22 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mertham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09887 (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
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3. Date Incorporated or Qualified
06/20/1985

4. FEI Number 59-2544788	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**CLAYTON & MCCOLLOH
220 N. PALMETTO AVE.
ORLANDO FL 32801**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD
NAME	STEIGER, MARTIN	12 NAME	MACAULEY, NORMAN
STREET ADDRESS	1700 N.ATLANTIC AVE.	13 STREET ADDRESS	1700 N. Atlantic Ave #116
CITY - ST - ZIP	COCOA BCH. FL	14 CITY - ST - ZIP	COCOA BEACH, FL. 32931
TITLE	VPD	21 TITLE	VPD
NAME	CUSIK, JANE	22 NAME	MC CARRICK, RONALD
STREET ADDRESS	1830 N. ATLANTIC AVE	23 STREET ADDRESS	1700 N. ATLANTIC AVE C.B. FL. 32931
CITY - ST - ZIP	COCOA BEACH FL	24 CITY - ST - ZIP	
TITLE	T	31 TITLE	T
NAME	DAUXERRE, PEGGY	32 NAME	HOWARD, PAUL
STREET ADDRESS	1700 N. ATLANTIC AVE. #241	33 STREET ADDRESS	1700 N. ATLANTIC AVE C.B. FL. 32931
CITY - ST - ZIP	COCOA BCH. FL	34 CITY - ST - ZIP	
TITLE	VP	41 TITLE	VPD
NAME	MCCARRICK, RON	42 NAME	CUSIK, JANE
STREET ADDRESS	1700 N. ATLANTIC AVE., #126	43 STREET ADDRESS	1700 N. ATLANTIC AVE C.B. FL. 32931
CITY - ST - ZIP	COCOA BCH. FL	44 CITY - ST - ZIP	
TITLE	S	51 TITLE	S
NAME	ROMANO, PETE	52 NAME	ROMANO, PETE
STREET ADDRESS	1700 N. ATLANTIC AVE., SUITE 252	53 STREET ADDRESS	1700 N. ATLANTIC AVE C.B. FL 32931
CITY - ST - ZIP	COCOA BCH. FL 32931	54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MACAULEY, NORMAN
13 STREET ADDRESS	1700 N. Atlantic Ave #116
14 CITY - ST - ZIP	COCOA BEACH, FL. 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MC CARRICK, RONALD
23 STREET ADDRESS	1700 N. ATLANTIC AVE C.B. FL. 32931
24 CITY - ST - ZIP	
31 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	HOWARD, PAUL
33 STREET ADDRESS	1700 N. ATLANTIC AVE C.B. FL. 32931
34 CITY - ST - ZIP	
41 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	CUSIK, JANE
43 STREET ADDRESS	1700 N. ATLANTIC AVE C.B. FL. 32931
44 CITY - ST - ZIP	
51 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	ROMANO, PETE
53 STREET ADDRESS	1700 N. ATLANTIC AVE C.B. FL 32931
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. 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 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: *Norman Macauley* 4/2/98

CR2E037 (10/97)