

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

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

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mertham</b> 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: <b>1700 N ATLANTIC AVE COCOA BEACH FL 32931-5201</b>	Mailing Address: <b>1700 N ATLANTIC AVE COCOA BEACH FL 32931-5201</b>
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3. Date Incorporated or Qualified  
**06/20/1985**

4. FEI Number <b>59-2544788</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
	Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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. 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	<b>FL</b>
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	

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

CR2E037 (10/97)