

**2000 UNIFORM BUSINESS REPORT (UBR)**

6/

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

06-21-2000 90001 031 \*\*\*61.25

DOCUMENT # N 09887

1. Entity Name  
 PORT ROYAL CONDOMINIUM INC *R*

Principal Place of Business Mailing Address  
 1700 n atlantic ave same  
 cocoa beach fla 32931

2. Principal Place of Business PORT ROYAL  
 Suite, Apt. #, etc.  
 3. Mailing Address 1700 n atlantic ave  
 Suite, Apt. #, etc.

City & State cocoa beach fla  
 City & State cocoa beach fla  
 Zip 32931 Country USA

4. FEI Number 59-2544788 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent  
 PORT ROYAL CONDOMINIUMS INC  
 1700 N ATLANTIC AVE  
 COCOA BEACH FLA 32931

7. Name and Address of New Registered Agent  
 Name NORMAN MACAULAY  
 Street Address (P.O. Box Number is Not Acceptable) 1700 N ATLANTIC AVE #116  
 City COCOA BEACH FL Zip Code 32931

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.

SIGNATURE NORMAN MACAULAY PRESIDENT DATE 4/20/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

|                                       |  |
|---------------------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT NORMAN MACAULAY D 1700 N ATLANTIC AVE COCOA BEACH FLA 32931                                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT ROBERT WELCH D 1700 n atlantic ave cocoa beach fla 32931 <input type="checkbox"/> Delete  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY KERMIT EVETTS D 1700 n atlantic ave cocoa beach fla 32931 <input type="checkbox"/> Delete      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER PAUL HOWARD DT 1700 n atlantic ave cocoa beach fla 32931 <input type="checkbox"/> Delete       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT MILDRED CLARK D 1700 n atlantic ave cocoa beach fla 32931 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                       |   |
|---------------------------------------|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 exemption stated in Section 119.07(3)(i), 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: NORMAN MACAULAY PRESIDENT DATE 4/20/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #