## FILE-NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000012042

1. Corporation Name

OAK ROYALE ASSOCIATION, INC.

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90111 017 \*\*\*150.00



Principal Place	of Business	Mailing Address							
3685-3691 ROYAL OAK DRIVE 3685-3691 ROYAL OAK DRIVE									
TITUSVILLE FL 32780 TITUSVILLE FL 32780						DO N	IOT WRITE IN T	HIS SPACE	
						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
					į	02/02/1996			ļ
2 Principal Pl	are of Ausiness	2a. Mailing Address		2		4. FEI Number		11/	Applied For
2. Principal Place of Bysiness 2. Address 2. Address 2. Principal Place of Bysiness 2.				563		59-3517859		5——	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.									Additional
22 27						5. Certificate of Status D	esired 🗆	Fee	Required
City & State City & State				17/		6. Election Campaign Fi	nancing _	\$5.0	0 May Be
23 / 1 tusuilla Fl. 28 11 tusuilla				e F1 ,		Trust Fund Contributi	- 11	• •	d to Fees
					rd	8. This corporation owe:	s the current year	r Intangible	
24 71 780 25 BREUBRAL 29 32731-256330 B					1-W	Personal Property Ta	x	☐ Yes	□No
) 12 -	9. Name and Address of Current R	tegistered Agent				10. Name and Address	of New Register	red Agent	
			81	Name	:				
WASILESKI, CARL					Addres	ss (P.O. Box Number is No	t Acceptable)		
507 PALM AVE					ridaroc				
TITUSVILLE FL 32796				3					
			84	l City			<u> </u>	85 Zi	p Code
							•	FL	·
11. Pursuant	to the provisions of Sections 607.0502 a	ind 607.1508, Florida Statutes,	the abov	re-name	corpor	ration submits this statemen	nt for the purpose	e of changing i	its registered
office or re agent. I ar	egistered agent, or both, in the State of l m familiar with, and accept the obligation	Florida. Such change was auth is of, Section 607.0505, Florida	orized by a Statute:	y tne cor s.	ooration	is board of directors, i here	by accept the at	ppointment as	registered
									ļ
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Re	gistered Age	ent signature	required v	when reinstating)	DATE		
12.	OFFICERS AND		13.		,	ADDITIONS/CHANGE	S TO OFFICERS		
TITLE	DP	☐ DELETE	1.1 TITLE					☐ Chang	e 🗀 Addition
NAME	etling, david		1.2 NAME						ł
STREET ADDRESS	3697 ROAY OAK DRIVE		1.3 STREE	ET ADDRES	\$				1
CITY-ST-ZIP	TITUSVILLE FL 32780		1.4 CITY-	ST-ZIP					T A LINE
TITLE	DS	☐ DELETE	2.1 TITLE		1			☐ Chang	e Addition
NAME	Lyerly, Jeanne		2.2 NAME						
STREET ADDRESS	3693 ROYAL OAK DRIVE		2.3 STREE	ET ADDRES	3	à N			
CITY-ST-ZIP	TITUSVILLE FL 32780		2. 4 CITY-	ST-ZIP					
TITLE	DT	☐ DELETE	3.1 TITLE					☐ Chang	e Addition
NAME	MERRITTT, HARRY		3.2 NAME						İ
STREET ADDRESS	3691 ROYAL OAK DRIVE		3.3 STREE	ET ADDRES	3				
CITY-ST-ZIP	TITUSVILLE FL 32780		3.4. CITY-	ST-ZIP	<u> </u>				
TITLE		☐ DELETE	4.1 TITLE					Chang	e
NAME			4. 2 NAME	•					
STREET ADDRESS			4.3 STREE	ET ADDRES	s				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	<u> </u>				
TITLE		☐ DELETE	5.1 TITLE					☐ Chang	e Addition
NAME			5.2 NAME						l
STREET ADDRESS			5.3 STRE	ET ADDRES	8				l
CITY-ST-ZIP			5.4 CITY-						
TITLE		☐ DELETE	6.1 TITLE					☐ Chang	je 📋 Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	ET ADDRES	s				
CITY-ST-ZIP			6.4 CITY-	ST-ZIP					
					<del>.</del>		54-4-4 I 6-4b		- 1-6

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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TREASURE SIGNING OFFICER OR DIRECTOR