

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N21700 (2)

1. Corporation Name

ROYAL PALM COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5295 TOWN CENTER ROAD STE. 200
BOCA RATON FL 33486

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BOCA RATON FL 33486

3. Date Incorporated or Qualified
07/24/1987

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0107336

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ISAACSON WILLIAM K.
% LANG MANAGEMENT COMPANY, INC.
5295 TOWN CENTER ROAD, STE 200
BOCA RATON FL 33436**

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P KAUFMAN, MORTIMER**
STREET ADDRESS **17141 ROYAL COVE WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **D GREENBERG, HAROLD**
STREET ADDRESS **17149 ROYAL COVE WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **VP CERISANO, MICHAEL**
STREET ADDRESS **17181 ROYAL COVE WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **D ACKERMAN, DONNA**
STREET ADDRESS **17038 ROYAL COVE WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **D ASARCH, JACK**
STREET ADDRESS **17125 ROYAL COVE WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**VPT
CERISANO, MICHAEL
17181 ROYAL COVE WAY
BOCA RATON FL**

**DS
ACKERMAN, DONNA
17038 ROYAL COVE WAY
BOCA RATON FL**

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96
Date

750-8800
Daytime Phone #

CR2E037 (12/95)