

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 # 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



3. Date Incorporated or Qualified

06/20/1985

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

21 Suite, Apt. #, etc. Same above

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc. Same above

27 City & State

28 Zip

29 Country

30 Country

4. FEI Number

59-2544788

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

SHOEMAKER, JOHN B.  
505 N. ORLANDO  
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name

CLAYTON & McCULLOCH

82 Street Address (P.O. Box Number is Not Acceptable)

220 N. PALMETTO AVE

83

84 City

ORLANDO

FL

85 Zip Code

32801

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.

Neal McCulloch

SIGNATURE

Signature typed or printed name of registered agent, if applicable

(Initial: Registered Agent signature required when reinstating)

DATE

May 7 1996

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD STEIGER, MARTIN 1700 N. ATLANTIC AVE. COCOA BCH. FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VPD CONTANT, GENE 1700 N. ATLANTIC AVE., SUITE 242 COCOA BCH. FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T SITTES, SAMUEL 1700 N. ATLANTIC AVE., SUITE 141 COCOA BCH. FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP DAUXERRE, MICHEL 1700 N ATLANTIC AVE., SUITE 241 COCOA BCH. FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S ENNIS, JOANNE 1700 N. ATLANTIC AVE., SUITE 252 COCOA BCH. FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP

91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP

101 TITLE 102 NAME 103 STREET ADDRESS 104 CITY-ST-ZIP

111 TITLE 112 NAME 113 STREET ADDRESS 114 CITY-ST-ZIP

121 TITLE 122 NAME 123 STREET ADDRESS 124 CITY-ST-ZIP

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

Date

Daytime Phone #

4. 22-96 (407) 784-0869

CR2E037 (12/95)