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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
1700 N ATLANTIC AVE COCOA BEACH FL 32931-5201	1700 N ATLANTIC AVE COCOA BEACH FL 32931-5223

3. Date Incorporated or Qualified: 06/20/1985
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21 Suite, Apt. #, etc. — 22 City & State — 23 Zip — 24 Country — 25
2a. Mailing Address — 26 Suite, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

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

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 **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. I hereby accept the appointment as registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	STEIGER, MARTIN	
STREET ADDRESS	1700 N.ATLANTIC AVE.	
CITY-ST-ZIP	COCOA BCH. FL	
TITLE	VPD	☐ DELETE
NAME	BRENNAN, MIKE	
STREET ADDRESS	1700 N. ATLANTIC AVE., SUITE 144	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	T	☐ DELETE
NAME	STITES, SAMUEL	
STREET ADDRESS	1700 N. ATLANTIC AVE., SUITE 141	
CITY-ST-ZIP	COCOA BCH. FL	
TITLE	VP	☐ DELETE
NAME	DAUXERRE, MICHEL	
STREET ADDRESS	1700 N ATLANTIC AVE., SUITE 241	
CITY-ST-ZIP	COCOA BCH. FL	
TITLE	S	☐ DELETE
NAME	ROMANO, PETE	
STREET ADDRESS	1700 N. ATLANTIC AVE., SUITE 252	
CITY-ST-ZIP	COCOA BCH. FL 32931	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SAME	☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VPD	☒ Change ☐ Addition
2.2 NAME	CUSIK, Jane	
2.3 STREET ADDRESS	1830 N. Atlantic Ave	
2.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
3.1 TITLE	T	☒ Change ☐ Addition
3.2 NAME	DAUXERRE, Peggy	
3.3 STREET ADDRESS	1700 N. Atlantic Ave # 241	
3.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
4.1 TITLE	2ND VP	☒ Change ☐ Addition
4.2 NAME	MC. CARRICK, Ron	
4.3 STREET ADDRESS	1700 N. Atlantic AVe #126	
4.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
5.1 TITLE	SAME	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED 4/10/97
SIGNATURE AND TITLE REQUIRED DATE