FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 NOV -3 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M-25092

1. Corporation Name
Stamford At Royal Palm Beach Homeowners Association, Inc.

Principal Place of Business | Mailing Address

REINSTATEMENT 97

Date Incorporated or Qualified: 02-29-88 | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 Assoc. Prop. Mgt	26 Assoc. Prop. Mgt.
Suite, Apt. #, etc. 22 400 S. Dixie Hwy #10	Suite, Apt. #, etc. 27 400 S. Dixie Hwy #10
City & State 23 Lake Worth, FL	City & State 28 Lake Worth, FL
Zip 24 33460 Country 25 USA	Zip 29 33460 Country 30 USA

4. FEI Number: 65 0031957 ☐ 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

10. Name and Address of New Registered Agent

81 Name: Associated Property Management of the Palm Beaches Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 400 South Dixie Highway
83 Suite #10
84 City: Lake Worth FL 85 Zip Code: 33460

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] 10/30/97
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Grace, Jimmie		1.2 NAME	
STREET ADDRESS	27-B Bedford Court		1.3 STREET ADDRESS	
CITY-ST-ZIP	R.P.B., FL 33411		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Snyder, Scott		2.2 NAME	
STREET ADDRESS	15-B Amherst Court		2.3 STREET ADDRESS	
CITY-ST-ZIP	R.P.B., FL 33411		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Goodman, Jeane		3.2 NAME	
STREET ADDRESS	37-B Danbury Court		3.3 STREET ADDRESS	
CITY-ST-ZIP	R.P.B., FL 33411		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Grillo, Glen		4.2 NAME	
STREET ADDRESS	27-C Clinton Court		4.3 STREET ADDRESS	
CITY-ST-ZIP	R.P.B, FL 33411		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Demarco, Joe		5.2 NAME	
STREET ADDRESS	34-C Clinton Court		5.3 STREET ADDRESS	
CITY-ST-ZIP	R.P.B., FL 33411		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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] 10-31-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/96)