

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N09887

1. Entity 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**

DO NOT WRITE IN THIS SPACE



01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2544788

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KRAUSS, ROBERT J
1700 N ATLANTIC AVE
211
COCOA BEACH, FL 32931**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	MULLIGAN, JERRY
STREET ADDRESS	1700 NORTH ATLANTIC AVENUE #111
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	TD
NAME	CLARK, MILLIE
STREET ADDRESS	1700 N. ATLANTIC AVE 153
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	SD
NAME	EVETTS, KERMIT
STREET ADDRESS	1700 NORTH ATLANTIC AVENUE #251
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	PD
NAME	KRAUSS, ROBERT
STREET ADDRESS	1700 N. ATLANTIC AVE 211
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	VPD
NAME	VUGTEVEEN, KIPP
STREET ADDRESS	1700 N ATLANTIC AVE, # 112
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000588446
01/17/07-80072-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Robert J Krauss*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/07 321-799-3802