2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09887

FILED Jan 09, 2009 Secretary of State

Entity Name: PORT ROYAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1700 N ATLANTIC AVE COCOA BEACH, FL 329315201 **Current Mailing Address: New Mailing Address:** 1700 N ATLANTIC AVE COCOA BEACH, FL 329315201 FEI Number: 59-2544788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KRAUSS, ROBERT J 1700 N ATLANTIC AVE COCOA BEACH, FL 32931 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete () Change () Addition MULLIGAN, JERRY Name: Name: 1700 NORTH ATLANTIC AVENUE #111 Address: Address: City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: CLARK, MILLIE Name: Address: 1700 N. ATLANTIC AVE 153 Address: City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: Title: () Delete Title: () Change () Addition MULLEN, ARTHUR Name: Name: 1700 N. ATLANTIC AVE #235 Address: Address: City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: KRAUSS, ROBERT Name: Address: 1700 N. ATLANTIC AVE 211 Address: City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: Title: VPD () Delete Title: () Change () Addition VUGTEVEEN, KIPP Name: Name: 1700 N ATLANTIC AVE, # 112 Address: Address: City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT KRAUSS PD 01/09/2009