our one mai	ing / taal oool			
6720 ROYAL MARGATE,	_ PALM BLVD FL 33063			
FEI Number: 59-2072363			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
	S,LLC NDALE BEACH BLVD. BEACH, FL 33009 US			
The above named	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flo	rida.
SIGNATURE: SCOTT JAFFEE 03/19/				
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	SD	Title	VPD	
Name	LUPO, MARIE	Name	ITALICO, DOLORES	
Address	6890 ROYAL PALM BLVD #306	Address	6850 ROYAL PALM BLVD #302	
City-State-Zip:	MARGATE FL 33063	City-State-Zip:	MARGATE FL 33063	
Title	TD	Title	PD	
Name	EMDE, RON	Name	SANDLER, HAROLD	
Address	6800 ROYAL PALM BLVD #304	Address	6870 ROYAL PALM BLVD 208	
City-State-Zip:	MARGATE FL 33063	City-State-Zip:	MARGATE FL 33063	
Title	DIRECTOR	Title	DIRECTOR	
Name	CAPOBIANCO, RONALD	Name	DAVI, ROSE ANN	
Address	6800 ROYAL PALM BLVD. 205	Address	6850 ROYAL PALM BLVD. 311	
City-State-Zip:	MARGATE FL 33063	City-State-Zip:	MARGATE FL 33063	
Title	DIRECTOR	Title	DIRECTOR	
Name	ALVINO, ROBERT	Name	CENNAME, FRANK	
Address	6850 ROYAL PALM BLVD. 212	Address	6890 ROYAL PALM BLVD. 204	
City-State-Zip:	MARGATE FL 33063	City-State-Zip:	MARGATE FL 33063	
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2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: ROYAL PARK GARDENS CONDOMINIUM III ASSOCIATION, INC.

Current Principal Place of Business:

1323 LYONS RD. COCONUT CREEK, FL 33063

DOCUMENT# 756146

Current Mailing Address:

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: HAROLD SANDLER

PRESIDENT

03/19/2014

Electronic Signature of Signing Officer/Director Detail

FILED Mar 19, 2014 **Secretary of State** CC0403216865

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Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LEONE, JOHN
Address	6870 ROYAL PALM BLVD. 204
City-State-Zip:	MARGATE FL 33063