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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10: 02

DOCUMENT # **720296** **(3)**

1. Corporation Name
ROYAL PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1100 PONCE DE LEON CIRCLE P.O. BOX 1341 VERO BEACH FL 32961-8341	1100 PONCE DE LEON CIRCLE P.O. BOX 1341 VERO BEACH FL 32961-8341

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1971
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-1509560 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BROWN, CALVIN B., ATTY
744 BEACHLAND BLVD.
VERO BEACH FL 32963

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
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	11 TITLE	ED	☐ Change ☐ Addition
NAME	VERNAM, JAMES	12 NAME	ROBBINS, LOIS	
STREET ADDRESS	1100 PONCE DE LEON CIR	13 STREET ADDRESS	1100 PONCE DE LEON CIR	
CITY-ST-ZIP	VERO BCH, FL 00000	14 CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	TD	21 TITLE	VD	☐ Change ☐ Addition
NAME	SHIPLETT, SYLVIA	22 NAME	VERNAM, JAMES	
STREET ADDRESS	1100 PONCE DE LEON CIR	23 STREET ADDRESS	1100 PONCE DE LEON CIR	
CITY-ST-ZIP	VERO BCH, FL 00000	24 CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	DV	31 TITLE	TD	☐ Change ☐ Addition
NAME	PATTERSON, H. D.	32 NAME	SHIPLETT, SYLVIA	
STREET ADDRESS	1100 PONCE DE LEON CIR	33 STREET ADDRESS	1100 PONCE DE LEON CIR	
CITY-ST-ZIP	VERO BCH, FL 00000	34 CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	D	41 TITLE	D	☐ Change ☐ Addition
NAME	ROBBINS, LOIS	42 NAME	ROBBINS, LOIS	
STREET ADDRESS	1100 PONCE DE LEON CIR	43 STREET ADDRESS	1100 PONCE DE LEON CIR	
CITY-ST-ZIP	VERO BCH, FL 00000	44 CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sylvia M. Shiplett 4/4/95 407-562-1408
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Sylvia M. Shiplett