

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 720296 (3)
1. Corporation Name
ROYAL PARK CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
**1100 PONCE DE LEON CIRCLE
P.O. BOX 1341
VERO BEACH FL 32961-8341**

3. Date Incorporated or Qualified
02/22/1971

3a. Date of Last Report
04/07/1995

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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
85 Zip Code
FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE
NAME **VERNAM, JAMES**
STREET ADDRESS **1100 PONCE DE LEON CIR**
CITY-ST-ZIP **VERO BCH, FL 00000**

TITLE **TD** ☒ DELETE
NAME **SHIPLETT, SYLVIA**
STREET ADDRESS **1100 PONCE DE LEON CIR**
CITY-ST-ZIP **VERO BCH, FL 00000**

TITLE **SD** ☐ DELETE
NAME **ROETH, LUELLA**
STREET ADDRESS **1100 PONCE DE LEON CIR**
CITY-ST-ZIP **VERO BCH, FL 00000**

TITLE **PD** ☒ DELETE
NAME **ROBBINS, LOIS**
STREET ADDRESS **1100 PONCE DE LEON CIR**
CITY-ST-ZIP **VERO BCH, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **HUBNER, CHUCK**
1.4 CITY-ST-ZIP **1100 PONCE DE LEON CIR
VERO BEACH, FL 32960**

2.1 TITLE **V/D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **PATTERSON, DAVE**
2.4 CITY-ST-ZIP **1100 PONCE DE LEON CIR
VERO BEACH, FL. 32960**

3.1 TITLE **T/D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **WILSON, LOUISE**
3.4 CITY-ST-ZIP **1100 PONCE DE LEON CIR
VERO BEACH, FL. 32960**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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: *Luelle Roeth* **LUELLA ROETH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96 **(401) 567-6520**

Date

Daytime Phone #

CR2E037 (12/95)