

FILE NOW: FILING FEE IS \$61.25

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Mar 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720296** (3)  
1. Corporation Name

**ROYAL PARK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1100 PONCE DE LEON CIRCLE P.O. BOX 1341 VERO BEACH FL 32961-8341</b>	Mailing Address <b>1100 PONCE DE LEON CIRCLE P.O. BOX 1341 VERO BEACH FL 32961-8341</b>
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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
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3. Date Incorporated or Qualified  
**02/22/1971**

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent <b>BROWN, CALVIN B., ATTY 744 BEACHLAND BLVD. VERO BEACH FL 32963</b>	
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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
<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HUBENER, CHUCK	1.2 NAME	Klein, Bud
STREET ADDRESS	1100 PONCE DE LEON CIRCLE	1.3 STREET ADDRESS	1100 Ponce De Leon Circle 314N
CITY-ST-ZIP	VERO BCH, FL 00000	1.4 CITY-ST-ZIP	Vero Beach, FL. 32960
TITLE	VSD	2.1 TITLE	V D
NAME	ROETH, LUELLA	2.2 NAME	Vernam, Kaye
STREET ADDRESS	1100 PONCE DE LEON CIRCLE	2.3 STREET ADDRESS	1100 Ponce De Leon Circle 307E
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	Vero Beach, FL. 32960
TITLE	SD	3.1 TITLE	
NAME	ROETH, LUELLA	3.2 NAME	
STREET ADDRESS	1100 PONCE DE LEON CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	HOLCOMBE, LORRAINE	4.2 NAME	
STREET ADDRESS	1100 PONCE DE LEON CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: Luellea Roeth Luellea Roeth 3/13/98 561-567-6520

CR2E037 (10/97)