

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90086 015 ****61.25

DOCUMENT # 720296

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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

Charles W. McKinnon

82 Street Address (P.O. Box Number is Not Acceptable)

3405 Ocean Drive

83

84 City

Vero Beach

FL

85 Zip Code
32963

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

Charles W. McKinnon

4/7/99

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 **PD** ☒ DELETE
NAME **KLEIN, BUD**
STREET ADDRESS **1100 PONCE DE LEON CIR 314N**
CITY-ST-ZIP **VERO BCH, FL 00000 32960**

TITLE **VD** ☒ DELETE
NAME **VERNAM, KAYE**
STREET ADDRESS **1100 PONCE DE LEON CIR 307E**
CITY-ST-ZIP **VERO BEACH FL 32960**

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

TITLE **TD** ☒ DELETE
NAME **HOLCOMBE, LORRAINE**
STREET ADDRESS **1100 PONCE DE LEON CIRCLE**
CITY-ST-ZIP **VERO BEACH FL**

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 **PD** ☒ Change ☐ Addition
1.2 NAME **HUBENER, CHUCK**
1.3 STREET ADDRESS **1100 PONCE DE LEON CIR. 202E**
1.4 CITY-ST-ZIP **VERO BEACH, FL 32960**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **ROBBINS, LOIS**
2.3 STREET ADDRESS **1100 PONCE DE LEON CIR. 302N**
2.4 CITY-ST-ZIP **VERO BEACH, FL 32960**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **VERNAM, KAYE**
3.3 STREET ADDRESS **1100 PONCE DE LEON CIR. 307E**
3.4 CITY-ST-ZIP **VERO BEACH, FL. 32960**

4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME **VERNAM, JAMES**
4.3 STREET ADDRESS **1100 PONCE DE LEON CIR. 307E**
4.4 CITY-ST-ZIP

5.1 TITLE **ATD** ☒ Change ☐ Addition
5.2 NAME **DUPERTUIS, ROLAND**
5.3 STREET ADDRESS **1100 PONCE DE LEON CIR. 204E**
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Kaye Vernam **SECRETARY (KAYE VERNAM) 3-15-99 561-778-3691**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0021256

CR2E037-(11/98)