FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 05, 2001 8:00 am Secretary of State **DOCUMENT # 720296** 1. Entity Name ROYAL PARK CONDOMINIUM ASSOCIATION, INC. 04-05-2001 90089 029 ****61.25 Principal Place of Business Mailing Address 1100 PONCE DE LEON CIRCLE 1100 PONCE DE LEON CIRCLE **UUU31472** P.O. BOX 1341 P.O. BOX 1341 VERO BEACH FL 32961-8341 VERO BEACH FL 32961-8341 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1509560 Not Applicable Zio Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MCKINNON, CHARLES W 3405 OCEAN DR VERO BEACH FL 32963 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change ☐ Addition ☐ Delete TITLE TITLE PD HUDLOW, HARRY NAME NAME HARRY HUDLOW 1100 PONCE DE LEON CIR 311 NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1100PONCE DE LEON CIR VERO BEACH FL 32960 CITY-ST-ZIP SDVERO BEACH FLA 32960 Change TITLE ☐ Delete TITLE VERNAM, KAYE NAME NAME CARLA FREEMAN 1100 PONCE DE LEON CIR 307E STREET ADDRESS STREET ADDRESS 1100 PONCE DE LEON CIR 203N CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-7IP TITLE --☐. Delete TITLE KLEIN, BUD NAME NAME JEANETTE ROBERTS 1100 PONCE DE LEON CIR 314 N. STREET ADDRESS STREET ADDRESS 1100 PONCE DE LEON CIR 103N CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 VERO BEACH FL 32960 ★ Change TITLE ☐ Delete TITLE GRIFFIS, GEORGE NAME -LOIS ROBBINS STREET ADDRESS 1100 PONCE DE LEON CIR 303 E. STREET ADDRESS 1100 PONCE DE LEON CIR 302 N CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP VERO BEACH FL 32960 TITLE ☐ Delete TITLE **DUPERTUIS, ROLAND** NAME NAME Devp 1100 PONCE DE LEON CIR 204 EAST STREET ADDRESS STREET ADDRESS CITY-ST-7IP VERO BEACH FL 32960 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change CROTEAU, LOREN NAME NAME 1100 PONCE DE LEON CIR 109 N. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VERO BEACH FL 32960

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.