FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 07, 2002 8:00 am Secretary of State DOCUMENT # **720296** 1. Entity Name 04-07-2002 90086 029 \*\*\*\*61.25 ROYAL PARK CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1100 PONCE DE LEON CIRCLE 1100 PONCE DE LEON CIRCLE 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 Applied For City & State City & State 4. FEI Number 59-1509560 9 Not Applicable Zip 🚣 - - Country. Country \$8.75 Additional 5. Certificate of Status Desired-Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCKINNON, CHARLES W 3405 OCEAN DR VERO BEACH FL 32963 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable, Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Delete TITLE TITLE Director HUDLOW, HARRY NAME NAME STREET ADDRESS 1100 PONCE DE LEON CIR 311 NORTH STREET ADDRESS Shirley Houlihan CITY-ST-7IP CITY-ST-ZIP 1100 Ponce de Leon Cir304N VERO BEACH FL 32960 ☐ Delete TITLE ☐ Change TITLE Vero Beach, Fla. FREEMAN, CARLA NAME NAME STREET ADDRESS STREET ADDRESS 1100 PONCE DE LEON CIR 203 N CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP TITLE Director ☐ Change ☐ Addition TITLE ☐ Delete Kaye Vernam NAME ROBERTS, JEANETTE NAME STREET ADDRESS STREET ADDRESS 1100 PONCE DE LEON CIR 103 N 1100 Ponce de Leon Cir.307E CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 Vero Beach, Fla. ☐ Change ■ Addition ☐ Delete TITLE TITLE ROBBINS, LOIS NAME NAME STREET ADDRESS STREET ADDRESS 1100 PONCE DE LEON CIR 302 N CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 Delete ☐ Change ☐ Addition DVP TITLE TITLE NAME **DUPERTUIS, ROLAND** NAME STREET ADDRESS STREET ADDRESS 1100 PONCE DE LEON CIR 204 EAST CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32960 ☐ Change Addition TITLE Delete TITLE CROTEAU, LOREN NAME NAME STREET ADDRESS STREET ADDRESS 1100 PONCE DE LEON CIR 109 N. CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960

SIGNATURE:

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.

3-28-02 722-299-0969