

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90037 030 \*\*\*\*61.25

**DOCUMENT # 720296**

1. Entity 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**

**J4040001**



**DO NOT WRITE IN THIS SPACE**

01082004 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-1509560**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MCKINNON, CHARLES W  
3405 OCEAN DR  
VERO BEACH, FL 32963**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	YOUNG, DONALD
STREET ADDRESS	110 PONCE DE LEON CIR 304N
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	SD
NAME	FREEMAN, CARLA
STREET ADDRESS	1100 PONCE DE LEON CIR 203 N
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	TD
NAME	ROBERTS, JEANETTE
STREET ADDRESS	1100 PONCE DE LEON CIR 103 N
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	VP
NAME	ROBBINS, LOIS
STREET ADDRESS	1100 PONCE DE LEON CIR 302 N
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	D
NAME	<del>ROBBINS, LOIS</del> <b>JOE Whetstone</b>
STREET ADDRESS	1100 PONCE DE LEON CIR <del>302N</del> <b>301W</b>
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	D
NAME	ROZA, RUTH
STREET ADDRESS	1100 PONCE DE LEON CIR. 201W
CITY-ST-ZIP	VERO BEACH, FL 32960

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**03-25-04**