## -2098 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 11, 2008 08:00 AM **DOCUMENT # 720296 Secretary of State** 1. Entity Name 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 VERO BEACH FL 32961-8341 VERO BEACH FL 32961-8341 2. Principa! Place of Business - No P.O. Box # 3. Mailing Address Stirte, Act. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-1509560 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCKINNON, CHARLES W Street Address (P.O. Box Number is Not Acceptable) 3055 CARDINAL DR, STE 302 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature reducted when re-natioting) CATE SPECIFICAL SE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change Addition YOONG, DONALD NAME NAME 110 PONCE DE LEON CIR 304N STREET ADDRESS STREET ADORESS U000008232<u>6</u>2 VERO BEACH FL 32960 CITY-ST-ZIP CITY - ST - ZIP /20/08-80028-025 61.25 SILE ☐ Delete Addition TITLE ☐ Change FREEMAN, CARLA NAME NAME 1100 PONCE DE LEON CIR 203 N STREET ADDRESS STREET ADDRESS VERO BEACH FL 32960 CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE Change Addition ROBERTS, JEANETTE NAME HAME STREET ADDRESS 1100 PONCE DE LEON CIR 103 N STREET ADDRESS CfTY - ST - ZIP VERO BEACH FL 32960 CITY-ST-ZIE VΡ TITLE Delete TITLE ☐ Change Addition ROBBINS, LOIS NAME NAME STREET ADDRESS 1100 PONCE DE LEON CR. N302 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition HODGE, JERRY NAME NAME 1100 PONCE DE LEON CIR N-301 STREET AUDRESS STREET ADDRESS VERO BEACH FL 32960 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP

**FILED** 

GIGNATURE: Carla A. Lueman- Prisident 2-7-08 772-770-100/

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.