

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90223 013 *****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **HUDLOW, HARRY**
STREET ADDRESS **1100 PONCE DE LEON CIR 311 NORTH**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **PD** ☒ Change ☐ Addition
NAME **Donald Young**
STREET ADDRESS **1100 Ponce deLeon Cir 304N**
CITY-ST-ZIP **Vero Beach, Fla. 32960**

TITLE **SD** ☐ Delete
NAME **FREEMAN, CARLA**
STREET ADDRESS **1100 PONCE DE LEON CIR 203 N**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **SD** ☐ Change ☐ Addition
NAME **Freeman, Carla**
STREET ADDRESS **1100 Ponce deLeon Cir 203N**
CITY-ST-ZIP **Vero Beach, Fla. 32960**

TITLE **TD** ☐ Delete
NAME **ROBERTS, JEANETTE**
STREET ADDRESS **1100 PONCE DE LEON CIR 103 N**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **TD** ☐ Change ☐ Addition
NAME **Roberts, Jeanette**
STREET ADDRESS **1100 Ponce deLeon Cir 103N**
CITY-ST-ZIP **Vero Beach, Fla. 32960**

TITLE **VP** ☐ Delete
NAME **ROBBINS, LOIS**
STREET ADDRESS **1100 PONCE DE LEON CIR 302 N**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **VP** ☐ Change ☐ Addition
NAME **Lois Robbins**
STREET ADDRESS **1100 Ponce deLeon Cir 302N**
CITY-ST-ZIP **Vero Beach, Fla. 32960**

TITLE **D** ☐ Delete
NAME **HOULIHAN, SHIRLEY**
STREET ADDRESS **1100 PONCE DE LEON CIR 304N**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **D** ☐ Change ☐ Addition
NAME **Houlihan, Shirley**
STREET ADDRESS **1100 Ponce deLeon Cir 304N**
CITY-ST-ZIP **Vero Beach, Fla. 32960**

TITLE **D** ☐ Delete
NAME **VERNAM, KAYE**
STREET ADDRESS **1100 PONCE DE LEON CIR. 307E**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **D** ☒ Change ☐ Addition
NAME **Ruth Roza**
STREET ADDRESS **1100 Ponce deLeon Cir. 201W**
CITY-ST-ZIP **Vero Beach, Fla. 32960**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 193.07(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:

Carla A. Freeman **Carla A. Freeman 3-28-03 770-1001**

CR2E037 (10/02)