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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Secretary of State
DIVISION OF CORPORATIONS

1997
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ROYAL OAKS CONDOMINIUM ASSOCIATION, INC.

	e of Business	Mail	ing Address					}					1016 04031 4001
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2698 NW 52ND		2190 #211	S.E. 17TH ST.										
LAUDERHALL FL 33313 US			#211 FT. LAUDERDALE FL 33316-3121 US					3. Date Incorpo 03/06/	rated or Qualif	ied 3		of Last R 2/01/19	
2. Principal Pi	lace of Business	2a. N	Mailing Address					4. FEI Number				 	oplied For
21		26	3					59-154	6199				ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.								1		Additional
22		27						5. Certificate of	Status Desired	1 🗆	J		equired
City & State	8		City & State					6. Election Cam	paign Financir	ng		\$5.00	May Be
23		28						Trust Fund C	ontribution)		to Fees
Zip	Country	Z	?ip		Country	'		8. This corporat	ion has liability	for intan	gible ta	x under s	. 199.032,
24	25	29		30	<u>.</u>			Florida Statut			8 🗆		
	g. Name and Address of Curre	nt Registe	red Agent		_			10. Name and A	ddress of Nev	w Registe	ered Ag	jent	
					81	Name)						
rupp, w	VILLIAM R.				82	Street	Addres	ss (P.O. Box Numb	er is Not Acce	ptable)			
2190 S.E	E. 17TH ST., #211					L					,,,,,		
FT. LAUI	DERDALE FL 33316				83	ļ							
					84	City						85 Zip	Code
						,,					FL		
11. Pursuant t	to the provisions of Sections 617.050 egistored agent, or both, in the State im familiar with, and accept the oblig	02 and 617	7.1508, Florida S	tatutes, th	ne above	e-named	l corpo	ration submits this	statement for	the purpo	ose of c	hanging i	ts registered
agent la	egistered agent, or bottl, in the State im familiar with, and accept the oblig	ations of,	i. Such change v Section 617,050:	was autho 3, Florida	Statutes	y the cor S.	rporatio	in a poard of direct	ors. I nereby a	iccept in	e appoi	nimeni as	registered
SIGNATURE.	,												
SIGNATION.	Signature, typed or printed name of registered ag-	and an adversarial			las d s								
	organists, types or provide the re-tegene are tag	ent and title it i	applicable	(NOTE: Reg	istered Age	ent eignatur	re required	when reinstating)			ATE		
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