FILE NOW: FILING FEE IS \$61.25

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725755

1. Corporation Name

2. Principal Place of Business

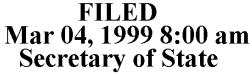
Suite, Apt. #, etc.

City & State

ROYAL OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2698 NW 52ND AVE LAUDERHILL FL 33313 US	2190 S.E. 17TH ST. #211 FT. LAUDERDALE FL 33316
	110

Country



03-04-1999 90263 041 ****61.25

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

03/08/1973

59-1546199

4. FEI Number

24	25	29	30			Trust Fund Contribution		Added to	Fees
<u> </u>	9. Name and Address of (10. Name and Address of New	Registered	Agent	
		<u> </u>		81	Name	;	•		1
OUDO M	LIAM D			99	Ctrock Add	room (D.O. Boy Number is Not Acces	table)		
RUPP, WILLIAM R.				82 Street Address (P.O. Box Number is Not Acceptable)					
	17TH ST., #211			83				. ,	
FI. LAUU	ERDALE FL 33316					<u> </u>	<u> </u>		<u> </u>
				1 1	City		FL	85 Zip C	
office or i	to the provisions of Sections 6 registered agent, or both, in the im familiar with, and accept the	State of Florida, Such change	e was authoria	zea dv tr	named corp ne corporati	poration submits this statement for the on's board of directors. I hereby accounts	e purpose of ept the appoi	changing its r ntment as reg	agistered istered
SIGNATURE					· · · · · · · · · · · · · · · · · · ·		DATE		
42	Signature, typed or printed name of registr			3.	signature reduire	ad when reinstating) ADDITIONS/CHANGES TO C		D DIRECTOR	RS IN 12
12.		RS AND DIRECTORS		1 TITLE				Change	Addition
TITLE	S	الما الما	B 1						_
NAME	DEJESUS, JOSE		1 "	2 NAME]		•		.]
STREET ADDRESS	1		1.5	3 STREET A	DDRESS		•	1 ,	
CITY-ST-ZIP	SUNRISE FL			4 CITY-ST-	ZIP			☐ Change	Addition
TITLE	DVP	≯ DEI	LETE 2.	1 TITLE)			L'I cuanda	C) Addition
NAME	ASHCRAFT, WILLIAM E.		2.	2 NAME	1				,
STREET ADDRESS	2736 NE 19TH ST		2.	3 STREET A	LDORESS			•	
CITY-ST-ZIP	FT LAUDERDALE FL		2.	4 CITY-ST	-ZIP				
TITLE	ΤD	[] DEI	ETE 3.	1 TITLE				Change	Addition
NAME	HASKELL, LAURA		3.	2 NAME				•	
STREET ADDRESS			3.	3 STREET A	VODRESS				į
CITY-ST-ZIP	FT. LAUDERDALE FL		3.	4. CITY-ST	.ZIP				
TITLE	PD	(] DE		1 TITLE				Change	Addition
NAME	GORDON-PEARCE, ROW	±NIA	4	. 2 NAME	1				ļ
	1	ELAY		.3 STREET /	ADDRESS				{
STREET ADDRESS				4 CITY-ST-	- {	•			ļ
CITY-ST-ZIP	LAUDERHILL FL	5 € DE		.1 THTLE	ZIF			☐ Change	Addition
TITLE	}	12- DC		2 NAME]				_
NAME			1	3 STREET	IDDDESS				{
STREET ADDRESS			1		ĺ				•
CITY-ST-ZIP				A CITY-ST-	4IF			☐ Change	☐ Addition
TITLE		□ DE		2 NAME	Ì			□ ouenâe	
NAME								•	•
STREET ADDRESS	;{			.3 STREET	1				
CITY-ST-ZIP	<u> </u>			4 CITY-ST			725	417 44 4 44 1	for a strain
14. I hereby	certify that the information supp	olied with this filing does not q	ualify for the	exemptic	n stated in	Section 119.07(3)(i), Florida Statute	s. I further ce	rtity that the in	iormation

Country

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 informatic indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROGORAT YERE ERECULIFIED URA HASKELL 2/3/99

CR2E037 (11/98)