

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 31 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **729775** (7)
1. Corporation Name
ROYAL PARK CONDOMINIUM APARTMENTS, INC.

Principal Place of Business Mailing Address
119 ROYAL PARK DR. 1A OAKLAND PARK FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/27/1974** 3a. Date of Last Report **04/25/1994**
4. FEI Number **13-2775855** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HERMAN, PETER
% TRIPP, SCOTT, CONKLIN AND SMITH
110 SE 6TH STREET, 28TH FLOOR
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **100001445551
-04/03/95--01014--004**
84 City *****130.0FL*****

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
P **LIPPMANN, MICHAEL
119 ROYAL PARK, 1A
OAKLAND PARK FL**
S **CARLON, BARBARA
119 ROYAL PARK, 1A
OAKLAND PARK FL**
T **LYNN, PATRICIA
119 ROYAL PARK, 1A
OAKLAND PARK FL**
AS **KENEALY, ARLENE
119 ROYAL PARK, 1A
OAKLAND PARK FL**
BM **KAYE, HERBERT
119 ROYAL PARK, A1
OAKLAND PARK FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **President** Change Addition
1.2 NAME **Lynn, Patti** D
1.3 STREET ADDRESS **119 Royal Park, 1A**
1.4 CITY - ST - ZIP **Oakland Park, FL**
2.1 TITLE **Secretary** Change Addition
3.1 TITLE **Treasurer** Change Addition
3.2 NAME **Mitchell, Russel** D
3.3 STREET ADDRESS **119 Royal Park, 1A**
3.4 CITY - ST - ZIP **Oakland Park, FL**
4.1 TITLE **Vice President** Change Addition
4.2 NAME **Kaye, Herbert** D
4.3 STREET ADDRESS **119 Royal Park, 1A**
4.4 CITY - ST - ZIP **Oakland Park, FL**
5.1 TITLE **Board Member** Change Addition
5.2 NAME **Perkins, David** D
5.3 STREET ADDRESS **119 Royal Park, 1A**
5.4 CITY - ST - ZIP **Oakland Park, FL**
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information 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 017, Florida Statutes and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *Patti Lynn* **Patti Lynn** 9 March 1995 (305) 786-6302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date (Date of Filing)