

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 729775 (7)

1. Corporation Name
ROYAL PARK CONDOMINIUM APARTMENTS, INC.



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

Mailing Address
**119 ROYAL PARK DR. 1A
OAKLAND PARK FL 33309**

3. Date Incorporated or Qualified
05/27/1974

3a. Date of Last Report
03/31/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 **30**

4. FEI Number
13-2775855

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

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
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LYNN, PATTI	
STREET ADDRESS	119 ROYAL PARK, 1A	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARLON, BARBARA	
STREET ADDRESS	119 ROYAL PARK, 1A	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	BOX BMD	<input type="checkbox"/> DELETE
NAME	MITCHELL, RUSSEL	
STREET ADDRESS	119 ROYAL PARK, 1A	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KAYE, HERBERT	
STREET ADDRESS	119 ROYAL PARK, 1A	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	BMD	<input checked="" type="checkbox"/> DELETE
NAME	PERKINS, DAVID	
STREET ADDRESS	119 ROYAL PARK, A1	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	Tres.	<input type="checkbox"/> DELETE
NAME	Vicent Sarley	
STREET ADDRESS	119 Royal Park, 1A	
CITY-ST-ZIP	Oakland Park FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	BMD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jose Patron	
1.3 STREET ADDRESS	119 Royal Park, 1A	
1.4 CITY-ST-ZIP	Oakland Park FL	
2.1 TITLE	BMD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Golden	
2.3 STREET ADDRESS	119 Royal Park, 1A	
2.4 CITY-ST-ZIP	OAKLAND Park FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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.

SIGNATURE: Patti Lynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)