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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33309-5857

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date incorporated or Qualified: 05/27/1974
3a. Date of Last Report: 03/11/1996
4. FEI Number: 13-2775855
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 FL 85 Zip Code

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: _____ (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	TD <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 type="checkbox"/> DELETE
NAME	PATRON, JOSE
STREET ADDRESS	119 ROYAL PARK, 1-A
CITY-ST-ZIP	OAKLAND PARK FL
TITLE	T <input type="checkbox"/> DELETE
NAME	SARLEY, VICENT
STREET ADDRESS	119 ROYAL PARK, 1-A
CITY-ST-ZIP	OAKLAND PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	BMD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MONIKA CONROY
1.3 STREET ADDRESS	119 ROYAL PARK 1A
1.4 CITY-ST-ZIP	OAKLAND PARK FL
2.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARBARA CARLON
2.3 STREET ADDRESS	119 ROYAL PARK 1A
2.4 CITY-ST-ZIP	OAKLAND PARK, FL
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BONNIE AGUIAR
3.3 STREET ADDRESS	119 ROYAL PARK 1A
3.4 CITY-ST-ZIP	OAKLAND PARK, FL
4.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HERBERT KAYE
4.3 STREET ADDRESS	119 ROYAL PARK DR 1A
4.4 CITY-ST-ZIP	OAKLAND PARK FL
5.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PATTI LYNN
5.3 STREET ADDRESS	119 ROYAL PARK DR 1A
5.4 CITY-ST-ZIP	OAKLAND PARK FL
6.1 TITLE	BMD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ROBERT GOLDEN
6.3 STREET ADDRESS	119 ROYAL PARK DR 1A
6.4 CITY-ST-ZIP	OAKLAND PARK FL

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jose Patron* *Book Reviewer* 2 23-97 (954) 739-6300
DATE: _____ DAYTIME PHONE: 0035875

CFR2E037 (9/96)