

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Montberg Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 05/27/1974	
4. FEI Number 13-2775855	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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)
100002524121
05/14/98-01104-045 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE BMD	CONROY, MINIKA <input checked="" type="checkbox"/> DELETE	1.1 TITLE President / Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	119 ROYAL PARK, 1A	1.2 NAME Alex Arcaza	
STREET ADDRESS	OAKLAND PARK FL	1.3 STREET ADDRESS 109 Royal Park Dr. apt 1A	
CITY-ST-ZIP		1.4 CITY-ST-ZIP Oakland Park FL 33308	
TITLE S	CARLON, BARBARA <input type="checkbox"/> DELETE	2.1 TITLE Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	119 ROYAL PARK, 1A	2.2 NAME Carlton Barbara	
STREET ADDRESS	OAKLAND PARK FL	2.3 STREET ADDRESS 119 Royal Park 1A	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Oakland Park FL 33308	
TITLE TD	AGUIAR, BONNIE <input checked="" type="checkbox"/> DELETE	3.1 TITLE Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	119 ROYAL PARK, 1A	3.2 NAME Bonnie Aguiar	
STREET ADDRESS	OAKLAND PARK FL	3.3 STREET ADDRESS 109 Royal Park Dr 1A	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Oakland Park FL 33308	
TITLE VPD	KAYE, HERBERT <input checked="" type="checkbox"/> DELETE	4.1 TITLE Governor <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	119 ROYAL PARK, 1A	4.2 NAME Arlene Linealy	
STREET ADDRESS	OAKLAND PARK FL	4.3 STREET ADDRESS 119 Royal Park apt 1A	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Oakland Park FL 33308	
TITLE VPD	LYNN, PATTI <input checked="" type="checkbox"/> DELETE	5.1 TITLE Governor <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	119 ROYAL PARK, 1-A	5.2 NAME MarieHe St Pierre	
STREET ADDRESS	OAKLAND PARK FL	5.3 STREET ADDRESS 119 Royal Park Apt 1A	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Oakland Park FL 33308	
TITLE BMD	GOLDEN, ROBERT <input type="checkbox"/> DELETE	6.1 TITLE Governor <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	119 ROYAL PARK, 1-A	6.2 NAME Robert Golden	
STREET ADDRESS	OAKLAND PARK FL	6.3 STREET ADDRESS 119 Royal Park Apt 1A	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Oakland Park FL 33308	

14. 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 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: _____
April 6 1998 2:04-56-74R

CP2E037 (10/97)