

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90044 047 \*\*\*\*61.25

**DOCUMENT # 729775**

1. Entity Name

**ROYAL PARK CONDOMINIUM APARTMENTS, INC.**

Principal Place of Business

Mailing Address

**119 ROYAL PARK DR  
 #1A  
 OAKLAND PARK FL 33309**

**119 ROYAL PARK DR  
 #1A  
 OAKLAND PARK FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**13-2775855**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIFRONY, MATTHEW ESQ  
 C/O TRIPP SCOTT  
 110 SE 6TH ST 15TH FLOOR  
 FORT LAUDERDALE FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P/T	FERACO, PATRICIA	113 ROYAL PARK DR #3B	OAKLAND PARK FL 33309	<input type="checkbox"/>
GD	HARTMAN, JOHN	109 ROYAL PARK DR #3B	OAKLAND PARK FL 33309	<input type="checkbox"/>
S/T	TREMBLAY, ARMANDE	108 ROYAL PK DR 3-B	OAKLAND PARK FL 33309	<input checked="" type="checkbox"/>
VT	MARIETTE ST PIERRE	112 ROYAL PK DR 2-B	OAKLAND PARK FL 33309	<input type="checkbox"/>
G/D	DE SANTIS, ROSE	110 ROYAL PK DR 1-E	OAKLAND PARK FL 33309	<input type="checkbox"/>
GD	MILLER, ROBERT E	116 ROYAL PK DR 3-D	OAKLAND PARK FL 33309	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President	Gerald Waldman	116 Royal Park Dr, Apt 3-C	Oakland Park FL 33309	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Bob O'Kon	115 Royal Park Dr, Apt. 2-H	Oakland Park FL 33309	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Elwood Chilson	118 Royal Park Dr, Apt. 4-G	Oakland Park FL 33309	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gerald Waldman Pres  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01  
 Date

954 739-6300  
 Daytime Phone #

CR2E037 (10/00)