


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90195 006 ****61.25

| | | | |
|--|---------------------------------------|--|--|
| DOCUMENT # 729775 | |  | |
| 1. Entity 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 | |
| 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 <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RANDALL K ROGER & ASSOCIATES 621 NW 53 STREET #300 BOCA RATON, FL 33487 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when certifying) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | |
| NAME | BAGBY, PATRICIA | | |
| STREET ADDRESS | 109 ROYAL PARK DR., #2A | | |
| CITY-ST-ZIP | OAKLAND PARK, FL 33309 | | |
| TITLE | V | <input type="checkbox"/> Delete | |
| NAME | ARMSTRONG, JAMES | | |
| STREET ADDRESS | 112 ROYAL PARK DR., #2H | | |
| CITY-ST-ZIP | OAKLAND PARK, FL 33309 | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | |
| NAME | AGUIAR, MARIO | | |
| STREET ADDRESS | 112 ROYAL PARK DR., #1C | | |
| CITY-ST-ZIP | OAKLAND PARK, FL 33309 | | |
| TITLE | S | <input type="checkbox"/> Delete | |
| NAME | CARLON, BARBARA | | |
| STREET ADDRESS | 107 ROYAL PARK DR., #1C | | |
| CITY-ST-ZIP | OAKLAND PARK, FL 33309 | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | |
| NAME | SERRATORE, LEONARD | | |
| STREET ADDRESS | 112 ROYAL PARK DR., #2F | | |
| CITY-ST-ZIP | OAKLAND PARK, FL 33309 | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | |
| NAME | EAGLE, MARK | | |
| STREET ADDRESS | 101 ROYAL PARK DR., #1A | | |
| CITY-ST-ZIP | OAKLAND PARK, FL 33309 | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE | P | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | Ross, Harvey | | |
| STREET ADDRESS | 110 Royal Park Dr #1F | | |
| CITY-ST-ZIP | Oakland Park FL 33309 | | |
| TITLE | V | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | Aguiar, Mario | | |
| STREET ADDRESS | 112 Royal Park Dr #1D | | |
| CITY-ST-ZIP | Oakland Park FL 33309 | | |
| TITLE | D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | Nickell, Kenneth | | |
| STREET ADDRESS | 111 Royal Park Dr #2H | | |
| CITY-ST-ZIP | Oakland Park FL 33309 | | |
| TITLE | D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | Msnicoll, Linda | | |
| STREET ADDRESS | c/o Georgina Genova, 4241 NE 20th Ave | | |
| CITY-ST-ZIP | Oakland Park FL 33308 | | |
| TITLE | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | Iradi, D. Michael | | |
| STREET ADDRESS | 112 Royal Park Dr #3C | | |
| CITY-ST-ZIP | Oakland Park FL 33309 | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(c), 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: <i>Harvey Lee Ross - Pres</i> | | 4/7/04 954-739-6300 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR | | DATE AND PHONE # | |