2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # 735785

1. *Entity Name*
ROYAL POINT MANOR EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
TION 3075 GARDENS E. DR PALM BCH GARDENS, FL 33410	TION 3075 GARDENS E. DR PALM BCH GARDENS, FL 33410

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02172004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2284952

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GASKILL, TIMOTHY W.
860 U.S. HIGHWAY ONE
NORTH PALM BEACH, FL 33408

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000090929
03/17/04-80038-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	DBM
NAME	BROWN, ARTHUR
STREET ADDRESS	3075 GARDEN E. DR-#22
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	DT
NAME	COPPOCK-HUGHES, SUSAN
STREET ADDRESS	3075 GARDENS E DR #10
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	DP
NAME	SWAIN, WILDA
STREET ADDRESS	3075 GARDENS EAST DR #12
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	DVP
NAME	GASKILL, KENNETH R.
STREET ADDRESS	3075 GARDENS EAST DR. #18
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	DS
NAME	FORNOF, ROSE
STREET ADDRESS	3075 GARDENS E. DR, #8
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: M Susan Coppock-Hughes 2-18-2004 561-842-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M Susan Coppock-Hughes DT