

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:15

DOCUMENT # 747729 (2)

1. Corporation Name
ROYAL OAK GOLF HAVEN CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business Mailing Address
2967 FINSTERWALD DR TITUSVILLE FL 32780
2967 FINSTERWALD DR TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/19/1979 3a. Date of Last Report 06/10/1994
4. FEI Number 59-2503105 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHAEFFER, CHARLES W
2967 FINSTERWALD DR
TITUSVILLE FL 32780

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME SHOBERG, JEANNE
STREET ADDRESS 366 RUBY DR.
CITY-ST-ZIP WEST ST. PAUL MN
TITLE PD
NAME BUHRMANN, WILLIAM
STREET ADDRESS 3100 LONDON RD
CITY-ST-ZIP DULUTH MN
TITLE VD
NAME SHOBERG, IVER
STREET ADDRESS 366 RUBY DR.
CITY-ST-ZIP WEST ST. PAUL MN
TITLE TD
NAME SCHAEFFER, CHARLES W
STREET ADDRESS 2967 FINSTERWALD DR
CITY-ST-ZIP TITUSVILLE FL 32780
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME ~~BANZIGER, WALTER~~
2.3 STREET ADDRESS 2951 FINSTERWALD DR VOID
2.4 CITY-ST-ZIP TITUSVILLE, FL 32780
3.1 TITLE Change Addition
3.2 NAME ~~BANZIGER, WALTER~~
3.3 STREET ADDRESS 2901 FINSTERWALD DR
3.4 CITY-ST-ZIP TITUSVILLE FL 32780
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Charles W Schaeffer Charles W Schaeffer 7 PCBIMF 4073839098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Type or Print Name)