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FILED
May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 747729 (2)

1. Corporation Name
ROYAL OAK GOLF HAVEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
2951 FINSTERWALD DR TITUSVILLE FL 32780
2951 FINSTERWALD DR TITUSVILLE FL 32780-4856
US US

3. Date Incorporated or Qualified 06/19/1979
3a. Date of Last Report 04/15/1996

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

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BANZIGER, WALTER
2951 FINSTERWALD DR
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent
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 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 *Banziger, Walter President / Wilma D Fisher Treasurer* 2-15-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SHOBERG, JEANNE	
STREET ADDRESS	306 RUBY DR.	
CITY-ST-ZIP	WEST ST. PAUL MN	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BUHRMANN, WILLIAM	
STREET ADDRESS	3100 LONDON RD	
CITY-ST-ZIP	DULUTH MN	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BANZIGER, WALTER	
STREET ADDRESS	2951 FINSTERWALD DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FISHER, WILMA D	
STREET ADDRESS	2979 FINSTERWALD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Banziger, Walter
2.3 STREET ADDRESS	2951 Finsterwald Dr
2.4 CITY-ST-ZIP	Titusville FL 32780
3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Phillip Hale
3.3 STREET ADDRESS	2963 Finsterwald Dr
3.4 CITY-ST-ZIP	Titusville FL 32780
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Fisher, Wilma D. Treasurer* 2-15-97 402328 17 816

CR2E037 (9/96)