


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 747729

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



Principal Place of Business Mailing Address

2951 FINSTERWALD DR 2951 FINSTERWALD DR
 TITUSVILLE, FL 32780 US TITUSVILLE, FL 32780 US

DO NOT WRITE IN THIS SPACE



04112004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-2503105 Not Applicable

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

6. Name and Address of Current Registered Agent

BANZIGER, WALTER
 2951 FINSTERWALD DR
 TITUSVILLE, FL 32780

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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 re-registering)

Filing Fee is \$61.25 Due by May 1, 2004

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

U00000112838
 04/14/04-80039-019 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BANZIGER, WALTER 2951 FINSTERWALD DR. TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALE, PHILLIP 2963 FINSTERWALD DR. TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MATTEY, PAUL C 2959 FINSTERWALD DR TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHOBERG, JEANNE 2955 FINSTERWALD DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Walter Banziger April 8, 2004 321-383-4249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #