


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90086 014 ****61.25

DOCUMENT # 747729

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



Principal Place of Business
 2951 FINSTERWALD DR
 TITUSVILLE, FL 32780 US

Mailing Address
 2951 FINSTERWALD DR
 TITUSVILLE, FL 32780 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

04132005 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2503105

Applied For
 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

7. Name and Address of New Registered Agent

Name _____
 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
 NAME **BANZIGER, WALTER**
 STREET ADDRESS **2951 FINSTERWALD DR.**
 CITY-ST-ZIP **TITUSVILLE, FL**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **PD** Delete
 NAME **HALE, PHILLIP**
 STREET ADDRESS **2963 FINSTERWALD DR.**
 CITY-ST-ZIP **TITUSVILLE, FL**

TITLE **PD** Change Addition
 NAME **Conger, Claudine**
 STREET ADDRESS **1414 Brook Drive**
 CITY-ST-ZIP **Titusville, FL 32780**

TITLE **VPD** Delete
 NAME **MATTEY, PAUL C**
 STREET ADDRESS **2959 FINSTERWALD DR**
 CITY-ST-ZIP **TITUSVILLE, FL**

TITLE **VPD** Change Addition
 NAME **Hale, Philip**
 STREET ADDRESS **2963-Finsterwald Dr.**
 CITY-ST-ZIP **Titusville, FL 32780**

TITLE **SD** Delete
 NAME **SHOBERG, JEANNE**
 STREET ADDRESS **2955 FINSTERWALD DR**
 CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change 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(3)(f), 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: Walt Banziger **April 13, 2005** 321-383-4249
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #