

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

**APPROVED AND FILED**

CORPORATION  
ANNUAL REPORT  
**1995**



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

95 MAY -1 AM 8:55

**DOCUMENT # 752042 (2)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name  
**ROYAL PALM AT PLANTATION CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
C/O THE CONTINENTAL GROUP, INC.  
1067 SHOTGUN RD.  
SUNRISE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/16/1980** 3a. Date of Last Report **05/03/1994**  
4. FEI Number **59-2141520** Applied For  Not Applicable

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contributor  **\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GADOFF, FRED R  
BARNETT BANK CENTER  
800 S. PINE ISLAND RD., STE. 110  
PLANTATION FL 33324~~

81 Name **GEESTLE, ROSEN & ASSOCIATES**  
82 Street Address (P.O. Box Number is Not Acceptable) **ONE TURNBERRY PLACE 19495 Biscayne Blvd**  
83  
84 **Suite 705** City **Aventura** State **FL** 85 Zip Code **33180**

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 *Mark Geestle*  
Name of Agent or Director (Print Name of Agent and Title of Director)

(NOTE: Registered Agent signature required when registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>
NAME	<b>MIRABELLA, JOE</b>
STREET ADDRESS	<b>9824 SW 123 TERR.</b>
CITY ST ZIP	<b>MIAMI FL 33176</b>
TITLE	<b>SRVD</b>
NAME	<b>NEVELOFF, MARK</b>
STREET ADDRESS	<b>6800 CYPRESS RD. #113</b>
CITY ST ZIP	<b>PLANTATION FL 33317</b>
TITLE	<b>JRVD</b>
NAME	<b>ADLER, BARRY</b>
STREET ADDRESS	<b>6800 CYPRESS RD. #504</b>
CITY ST ZIP	<b>PLANTATION FL 33317</b>
TITLE	<b>SD</b>
NAME	<b>HEAD, BERNICE</b>
STREET ADDRESS	<b>6800 CYPRESS RD. #406</b>
CITY ST ZIP	<b>PLANTATION FL 33317</b>
TITLE	<b>TD</b>
NAME	<b>RUBANO, CATHERINE</b>
STREET ADDRESS	<b>6800 CYPRESS RD. #402</b>
CITY ST ZIP	<b>PLANTATION FL 33317</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>MARC NEVELOFF</b>
13 STREET ADDRESS	<b>6800 CYPRESS RD # 113</b>
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>VD</b>
23 STREET ADDRESS	<b>CATHERINE RUBANO</b>
24 CITY ST ZIP	<b>#402</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>TD</b>
33 STREET ADDRESS	<b>BARBARA BURROWS</b>
34 CITY ST ZIP	<b>6800 CYPRESS RD.</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>SD</b>
43 STREET ADDRESS	<b>BERNICE HEAD</b>
44 CITY ST ZIP	<b>#406</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>D</b>
53 STREET ADDRESS	<b>SHIRLEY SERVITA</b>
54 CITY ST ZIP	<b>#510</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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:

*Mark Neveloff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/12* **305-583-0110**  
DATE