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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752042 (2)
1. Corporation Name
ROYAL PALM AT PLANTATION CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O THE CONTINENTAL GROUP, INC. 1067 SHOTGUN RD. SUNRISE FL 33326	Mailing Address C/O THE CONTINENTAL GROUP, INC. 1067 SHOTGUN RD. SUNRISE FL 33326-1911
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3. Date Incorporated or Qualified 04/16/1980	3a. Date of Last Report 03/05/1996
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2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2141520	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GEESTLE, ROSEN & ASSOCI
ONE TURNBERRY PLACE
1945 BISCAYNE PLACE, STE 705
AVENTURA FL 33180**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	NEVELOFF, MARC	
STREET ADDRESS	6800 CYPRESS RD, STE 113	
CITY-ST-ZIP	PLANTATION FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CERCONE, MIKE	
STREET ADDRESS	6800 CYPRESS ROAD #508	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BURROWS, BARBARA	
STREET ADDRESS	6800 CYPRESS RD	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEAD, BERNICE	
STREET ADDRESS	STE 406	
CITY-ST-ZIP	PLANTATION 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 checked="" type="checkbox"/> Addition	
1.2 NAME	SECRETARY/DIRECTOR	
1.3 STREET ADDRESS	BRENDA WEIDMAN	
1.4 CITY-ST-ZIP	6800 CYPRESS ROAD #410	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	DONALD FIDINGER	
2.3 STREET ADDRESS	6800 CYPRESS ROAD # 315	
2.4 CITY-ST-ZIP	PLANTATION, FL 33317	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	Treasurer/DIRECTOR	
3.3 STREET ADDRESS	CONNIE EVERHART	
3.4 CITY-ST-ZIP	6800 CYPRESS ROAD # 506	
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: Michael Cercone FROM Michael Cercone 1/12/97 (561) 955-6452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037358

CR2E037 (9/96)