

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 13 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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



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**

3. Date Incorporated or Qualified: **04/16/1980**
4. FEI Number: **59-2141520**
Applied For: 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**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-28) fields with sub-fields for Suite, Apt #, City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, State (FL), and 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: _____ (NOTIL Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: Robert Chriafisi (S/D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BRENDA WEIDMAN		1.2 NAME: 6800 Cypress Rd #516	
STREET ADDRESS: 6800 CYPRESS ROAD #410		1.3 STREET ADDRESS: Plantation, FL 33317	
CITY-ST-ZIP: PLANTATION FL		1.4 CITY-ST-ZIP:	
TITLE: P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: Ruth Farrar (T/D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: CERCONI, MIKE		2.2 NAME: 6800 Cypress Rd #113	
STREET ADDRESS: 6800 CYPRESS ROAD #508		2.3 STREET ADDRESS: Plantation, FL 33317	
CITY-ST-ZIP: PLANTATION FL		2.4 CITY-ST-ZIP:	
TITLE: TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: Connie Everhart (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CONNIE EVERHART		3.2 NAME: 6800 Cypress Rd #506	
STREET ADDRESS: 6800 CYPRESS ROAD #506		3.3 STREET ADDRESS: Plantation, FL 33317	
CITY-ST-ZIP: PLANTATION FL		3.4 CITY-ST-ZIP:	
TITLE: D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: Barbara Burrows (VP)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HEAD, BERNICE		4.2 NAME: 6800 Cypress Rd #214	
STREET ADDRESS: STE 406		4.3 STREET ADDRESS: Plantation, FL 33317	
CITY-ST-ZIP: PLANTATION FL		4.4 CITY-ST-ZIP:	
TITLE: VP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: Donald Fidingner (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DONALD FIDINGER		5.2 NAME: 6800 Cypress Rd #315	
STREET ADDRESS: 6800 CYPRESS ROAD #315		5.3 STREET ADDRESS: Plantation, FL 33317	
CITY-ST-ZIP: PLANTATION FL		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. 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 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: *[Handwritten Signature]*

1-14-98

CR2E037 (10/97)