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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Royal Palm at Plantation Condominium Association, Inc.

Principal Place of Business

Mailing Address

c/o The Continental Group, Inc.
 1067 Shotgun Road
 Sunrise, FL 33326

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 []

26 []

1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2141520

Applied For

Not Applicable

22 []

27 []

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 []

28 []

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24 []

29 []

30 []

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Gerstle, Rosen & Associates
 One Turnberry Place
 1945 Biscayne Place, Ste 705
 Aventura, FL 33180

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P / D <input type="checkbox"/> DELETE
NAME	Connie Everhart
STREET ADDRESS	6800 Cypress Rd, #506
CITY-ST-ZIP	Plantation, FL 33317
TITLE	VP / D <input type="checkbox"/> DELETE
NAME	Donald Fidingar
STREET ADDRESS	6800 Cypress Rd, #315
CITY-ST-ZIP	Plantation, FL 33317
TITLE	S <input type="checkbox"/> DELETE
NAME	Robert Chirafisi
STREET ADDRESS	6800 Cypress Rd, #516
CITY-ST-ZIP	Plantation, FL 33317
TITLE	T <input type="checkbox"/> DELETE
NAME	Ruth Farrar
STREET ADDRESS	6800 Cypress Rd, #110
CITY-ST-ZIP	Plantation, FL 33317
TITLE	D <input type="checkbox"/> DELETE
NAME	Barbara Burrows
STREET ADDRESS	6800 Cypress Rd, #214
CITY-ST-ZIP	Plantation, FL 33317
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

Constance J. Everhart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

Date

9547636006

Daytime Phone #

CR2E037 (11/98)