

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 752042**

1. Entity Name

**ROYAL PALM AT PLANTATION CONDOMINIUM ASSOCIATION**

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90074 042 \*\*\*\*61.25

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 33326-1906
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2141520</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

~~GEESTLE, ROSEN & ASSOCI~~  
 ONE TURNBERRY PLACE  
 1945 BISCAYNE PLACE, STE 705  
 AVENTURA FL 33180

~~Gerstle, Rosen & Associates~~

**7. Name and Address of New Registered Agent**

Name  
**Tripp Scott**

Street Address (P.O. Box Number is Not Acceptable)  
**110 SE 6 Street, 15th Floor**

City  
**Ft. Lauderdale FL 33301**

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.

SIGNATURE *Richard D. Heller* DATE 4/24/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>CHRIAFISI, ROBERT</b>
STREET ADDRESS	<b>6800 CYPRESS RD #516</b>
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>FARRAR, RUTH</b>
STREET ADDRESS	<b>6800 CYPRESS RD. #113</b>
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>EVERHART, CONNIE</b>
STREET ADDRESS	<b>6800 CYPRESS ROAD #506</b>
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>BURROWS, BARBARA</b>
STREET ADDRESS	<b>6800 CYPRESS RD #214</b>
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>
TITLE	<b>VPD</b> <input type="checkbox"/> Delete
NAME	<b>FIDINGER, DONALD</b>
STREET ADDRESS	<b>6800 CYPRESS ROAD #315</b>
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Glen Colli</b>
STREET ADDRESS	<b>6800 Cypress RD #313</b>
CITY-ST-ZIP	<b>Plantation, FL 33317</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(i), 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: *Richard D. Heller* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)