

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90026 019 \*\*\*\*61.25

**DOCUMENT # 752042**  
 1. Entity Name  
**ROYAL PALM AT PLANTATION CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 2950 N 28 TERRANCE  
 HOLLYWOOD FL 33020

Mailing Address  
 2950 N 28 TERRANCE  
 HOLLYWOOD FL 33020

415

54005282



MOORE CR2E037 (11/03)

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

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **59-2141520** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**EISINGER, DENNIS**  
**4000 HOLLYWOOD BLVD.**  
**# S 265**  
**HOLLYWOOD FL 33021**  
*894 8000*

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

*50050*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruth Farrar	
STREET ADDRESS	6800 Cypress Road #110	
CITY-ST-ZIP	Plantation FL 33317	
TITLE	Vice-President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald Fidinger	
STREET ADDRESS	6800 Cypress #315	
CITY-ST-ZIP	Plantation FL 33317	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glen Colli	
STREET ADDRESS	6800 Cypress Rd. #214	
CITY-ST-ZIP	Plantation FL 33317	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald Fidinger	
STREET ADDRESS	6800 Cypress Road #315	
CITY-ST-ZIP	Plantation FL 33317	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Todd Zewchak	
STREET ADDRESS	6800 Cypress Road #115	
CITY-ST-ZIP	Plantation FL 33317	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mario Connor	
STREET ADDRESS	6800 Cypress	
CITY-ST-ZIP	Plantation FL 33317	

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:** *Ruth L. Farrar* **RUTH L. FARRAR** 2-3-04 954-587-5950  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #