FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR -4 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 754318 (4)

1. Corporation Name
ROYALE TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
1830 N ATLANTIC AVE
C-106
COCOA BCH FL 32931
US

Mailing Address
1830 N ATLANTIC AVE C106
COCOA BCH FL 32931

3. Date Incorporated or Qualified: 09/24/1980
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2021866 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent
RICHARDS, FREDERICK W.
503 N ORLANDO AVE
COCOA BEACH FL 32931

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 607.0502 and 607.1508, 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 607.0505, 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	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	TRACY, JANE S	1.2 NAME		
STREET ADDRESS	1860 N ATLANTIC AV B304	1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH, FL 00000	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	JONGEBLOED, KENNETH W	2.2 NAME	CHARLES, HARRY	
STREET ADDRESS	1860 N ATLANTIC AVE B407	2.3 STREET ADDRESS	1890 N. ATLANTIC AVE., A-305	
CITY-ST-ZIP	COCOA BCH FL	2.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	SD	3.1 TITLE	MAL	☒ Change ☐ Addition
NAME	VEAGUE, ELEANOR K	3.2 NAME	VEAGUE, ELEANOR K	
STREET ADDRESS	1830 N ATLANTIC AVE C307	3.3 STREET ADDRESS	1830 N. ATLANTIC AVE. C307	
CITY-ST-ZIP	COCOA BEACH FL	3.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	SD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	RICHARDS, FREDERICK W	4.2 NAME	GREGGANI, DAVID	
STREET ADDRESS	503 N ORLANDO AVE	4.3 STREET ADDRESS	1890 N ATLANTIC AVE. A507	
CITY-ST-ZIP	COCOA BCH FL	4.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	TD	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	MULLEN, JAMES J	5.2 NAME	MULLEN, JAMES J.	
STREET ADDRESS	1830 N ATLANTIC AVE C406	5.3 STREET ADDRESS	1830 N. ATLANTIC AVE C406	
CITY-ST-ZIP	COCOA BCH FL	5.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Harry Charles 3/30/95 (407) 783-1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #