FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT # 7
1. Corporation Name

754318

(4)

ROYALE TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address							E 180111 10001 01011 01010 11101 1166			JII 01011 01011 1001	
1830 N ATLANTIC AVE C-106 COCOA BCH FL 32931			106								
US	TE VESST					 Date Incorporated or Qualified 09/24/1980 	3a. Date of Last Report 04/04/1995				
~~~	ace of Business	2a. Mailing Address					4. FEI Number			Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				59-2021866		\$0.7	Not Applicable		
22	., 0.0.	27					5. Certificate of Status Desired			75 Additional e Required	
City & State	3	City & State					6. Election Campaign Financing		\$5.	.00 May Be	
23		28					Trust Fund Contribution			ded to Fees	
Zip <b>24</b>	Country 25	Zip	Cour	ntry			<ol> <li>This corporation has liability for in Florida Statutes</li> </ol>			s. 199.032,	
-71	9. Name and Address of Current Registered Agent						Florida Statutes Yes No  10. Name and Address of New Registered Agent				
				81	Name						
RICHARDS, FREDERICK W. 82 Street Add					Address	(P.O. Box Number is Not Acceptable	<u> </u>				
503 N ORLANDO AVE			Į	$\Box$		. 10 0,000	,	·/			
COCOA BEACH FL 32931				83							
			1	84	City			C i	85 2	Zip Code	
11 Pursuant t	o the provisions of Sections 617,0502 a	and 617 1508. Florida Statutes	the abou	ve-n	amed co	rnoration	n submits this statement for the number	Ose of char	Ooloo its	e registered office	
or register	ed agent, or both, in the State of Florida th, and accept the obligations of, Sectio	<ol> <li>Such change was authorized</li> </ol>	by the c	orpo	oration's	board of	directors. I hereby accept the appoint	ntment as	registere	ed agent. I am	
	in, and accept the obligations of, Section	11 017.0003, Florida Statutes.									
SIGNATURE _	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered	Agent	signature r	equired whe	in reinstating)	DATE			
12.	OFFICERS AND DIRECTORS		13.		1	ADDITIONS/CHANGES TO OFFICE					
TITLE	VD	DELETE	1.1 TITLE						] Change	e Addition	
NAME STREET ADDRESS	TRACY, JANE S		1.2 NAM		, bbbcoo						
CITY-ST-ZIP	1860 N ATLANTIC AV B304 COCOA BCH, FL 00000		1.4 CITY		ADDRESS						
TITLE	PD	DELETE	2.1 TITLE			PD			Change	e Addition	
NAME	CHARLES, HARRY		2.2 NAME			501	NGEBLOED, KENNET	14 W	_		
STREET ADDRESS	1890 N. ATLANTIC AVE., A-305	j	2.3 STREET ADDRESS		186	ONGEBLOED, KENNETH W. 860 N. ATLANTIC AVE., B401					
CITY-ST-ZIP	COCOA BCH FL		2.4 CITY-ST-ZIP		COC	COA BEACH, FL 3293	<u> </u>				
THILE	SD	DELETE	3.1 TITLE					[	Change	e 🔲 Addition	
NAME STOCET ADDRESS	VEAGUE, ELEANOR K		3.2 NA		* DDDC00						
STREET ADDRESS  CITY - ST - ZIP	1830 N ATLANTIC AVE C307 COCOA BEACH FL				ADORESS						
TITLE	TD DELETE		3.4. CITY-ST-ZIP 4.1 TITLE					Change	e 🔲 Addition		
NAME	GRESSANI, DAVID		4. 2 NA	ME		ĺ			_		
STREET ADDRESS	1890 N. ATLANTIC AVE. A507		4.3 ST	REET A	ADDRESS						
CITY-ST-ZIP	COCOA BCH FL		4.4 CIT	Y-ŞT	- ZIP						
TITLE	SD	DELETE	51 111			SD	Innail Marin	5	Change	e 🔲 Addition	
NAME	MULLEN, JAMES J	NE 0400		5 2 NAME		183	IDMAN, WAYNE E O N.ATLANTIC AVE., CL	٠.			
STREET ADDRESS	1830 N ATLANTIC AVE C406			5.3 STREET ADDRESS			OA BEACH, FL 3293				
CITY-ST-ZIP TITLE	COCOA BCH FL	DELETE	5.4 CITY- 6.1 TITLE		• £IP	100	UN NICHUM, FL SAYS		Change	e 🔲 Addition	
NAME			6 2 NA			}		_			
STREET ADDRESS			4		ADDRESS						
CITY-ST-ZIP			6.4 CIT							<u></u>	
14. I do hereb	y certify that the information supplied wi the information indicated on this annua	th this filing is voluntarily furnish	ned and o	loes	not qua	alify for the	e exemption stated in Section 119.0	7(3)(k), Flor	ida Stat	utes. I further if made under	
oath; that	I am an officer or director of the corpora Block 12 or Block 13 if changed, or on	ation or the receiver or trustee $\epsilon$	ampower	ed to	execut	e this rep	port as required by Chapter 617, Flor	ida Statute	s; and t	hat my name	
		~~~	$\overline{}$				. / /				

SIGNATURE

SHATURE AND TYPEO OR PRINTED NAME OF JUDINIS OFFICER OR DIRECTOR

2-/13/96 407-799-1800 Deptire Prone 1