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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 32931-3245

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



|                                |  |                     |  |                                  |  |   |  |
|--------------------------------|--|---------------------|--|----------------------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 4. FEI Number                    |  | 3a. Date of Last Report   |  |
| 21                             |  | 26                  |  | 59-2021866                       |  | 02/20/1996  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | Applied For                      |  | Not Applicable  |  |
| 22                             |  | 27                  |  | 5. Certificate of Status Desired |  | <input type="checkbox"/> \$8.75 Additional Fee Required                                 |  |
| City & State                   |  | City & State        |  | 6. Election Campaign Financing   |  | <input type="checkbox"/> \$5.00 May Be Added to Fees                                    |  |
| 23                             |  | 28                  |  | Trust Fund Contribution          |  | <input type="checkbox"/>  |  |
| Zip                            |  | Zip                 |  | Country                          |  | Country   |  |
| 24                             |  | 29                  |  | 30                               |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  |
| 25                             |  | 30                  |  |                                  |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 | 9000002142239--0                                   |
| 84 | City   |

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: *James S. Cherry* DATE: 3-19-97

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | VD <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| NAME                       | JONGEBLOED, KENNETH W                         | 2.2 NAME  | Wayne Sandman  |
| STREET ADDRESS             | 1860 NORTH ATLANTIC AVENUE, #B407             | 2.3 STREET ADDRESS                                    | 1830 N. Atlantic Ave C 301   |
| CITY-ST-ZIP                | COCOA BEACH FL                                | 2.4 CITY-ST-ZIP                                       | Cocoa Beach, FL. 32931   |
| TITLE                      | SD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | Member-at-Large <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | VEAGUE, ELEANOR K                             | 3.2 NAME  | Richard Gilbert  |
| STREET ADDRESS             | 1830 N ATLANTIC AVE C307                      | 3.3 STREET ADDRESS                                    | 1860 N. Atlantic Ave B607  |
| CITY-ST-ZIP                | COCOA BEACH FL                                | 3.4 CITY-ST-ZIP                                       | Cocoa Beach, FL. 32931   |
| TITLE                      | TD <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| NAME                       | GRESSANI, DAVID                               | 4.2 NAME  |  |
| STREET ADDRESS             | 1890 N. ATLANTIC AVE. A507                    | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | COCOA BCH FL                                  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD <input type="checkbox"/> DELETE            | 5.1 TITLE   | Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| NAME                       | SANDMAN, WAYNE E                              | 5.2 NAME  | Susan Wann   |
| STREET ADDRESS             | 1830 NORTH ATLANTIC AVENUE, #C301             | 5.3 STREET ADDRESS                                    | 1830 N. Atlantic Ave C 607   |
| CITY-ST-ZIP                | COCOA BEACH FL                                | 5.4 CITY-ST-ZIP                                       | Cocoa Beach, FL.   |
| TITLE                      | <input type="checkbox"/> DELETE               | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Wayne Sandman* DATE: 3-19-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0019347

CR2E037 (9/96)