

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754318** (4)  
1. Corporation Name  
**ROYALE TOWERS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1830 N ATLANTIC AVE C106 COCOA BCH FL 32931 US</b>	Mailing Address <b>1830 N ATLANTIC AVE C106 COCOA BCH FL 32931</b>
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3. Date Incorporated, or Qualified <b>09/24/1980</b>	
4. FEI Number <b>59-2021866</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. <b>C808</b> City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. <b>C808</b> City & State 28 Zip 29 Country 30
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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 <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	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	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANN, SUSAN	2.2 NAME	
STREET ADDRESS	1830 N ATLANTIC AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH FL 32931	2.4 CITY-ST-ZIP	
TITLE	MAL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, RICHARD	3.2 NAME	
STREET ADDRESS	1860 N ATLANTIC AVE B607	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	3.4 CITY-ST-ZIP	
TITLE	TD	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	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDMAN, WAYNE E	5.2 NAME	
STREET ADDRESS	1830 NORTH ATLANTIC AVENUE, #C301	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	5.4 CITY-ST-ZIP	
TITLE		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 E Sandman* **1/14/98** **(407) 783-1830**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)