

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754318

1. Entity Name

ROYALE TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1830 N ATLANTIC AVE
C808
COCOA BCH FL 32931
US

1830 N. ATLANTIC AVE
C808
COCOA BCH FL 32931
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2021866

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTENSEN, JOHN ESQ
C/O BECKER & POLIAKOFF, P.A.
500 WINDERLEY PL., STE 104
MAITLAND FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
TRACY, JANE S
1860 N ATLANTIC AV B304
COCOA BEACH FL 32931

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WANN, SUSAN
1830 N ATLANTIC AVE C607
COCOA BCH FL 32931

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MAL
DRUMMOND, THOMAS
1830 N ATLANTIC AVE C407
COCOA BEACH FL 32931

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MAL
AMAN, ANNA
1860 N ATLANTIC AVE B106
COCOA BEACH FL 32931

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GRESSANI, DAVID
1890 N. ATLANTIC AVE. A507
COCOA BEACH FL 32931

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GILLEN, THOMAS R
1830 N ATLANTIC AVE C701
COCOA BEACH FL 32931

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GILLEN, THOMAS
1830 N ATLANTIC AVE C 701
COCOA BEACH FL 32931

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DRUMMOND, THOMAS
1830 N ATLANTIC AVE C407
COCOA BEACH FL 32931

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Thomas R. Gillen*

4/11/02

(321) 783-1830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR2E037 (9/01)

0014027

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90601 037 ****61.25

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DO NOT WRITE IN THIS SPACE