

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90236 031 ****61.25

DOCUMENT # 754318 1. Entity Name ROYALE TOWERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1830 N ATLANTIC AVE C808 COCOA BCH, FL 32931 US			Mailing Address 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 <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EUSTIS, GEORGE F		NAME		
STREET ADDRESS	1860 N. ATLANTIC AVE., A206		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WANN, SUSAN		NAME		
STREET ADDRESS	1830 N ATLANTIC AVE C807		STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH, FL 32931		CITY-ST-ZIP		
TITLE	MAL	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FALLER, MARY K		NAME	S	
STREET ADDRESS	1860 N. ATLANTIC AVE., B707		STREET ADDRESS	Faller, Mary K.	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	1860 N. Atlantic Ave., B707	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILLEN, THOMAS R		NAME		
STREET ADDRESS	1830 N ATLANTIC AVE C701		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DRUMMOND, THOMAS		NAME	VP at Large	
STREET ADDRESS	1830 N ATLANTIC AVE C407		STREET ADDRESS	Jongebloed, Kenneth	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	1860 N. Atlantic Ave., B407	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/08/04 (321) 783-1830		
			Daytime Phone #		