

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90275 005 ****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

50022896



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2021866

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 ☐ Delete
NAME EUSTIS, GEORGE F
STREET ADDRESS 1860 N. ATLANTIC AVE., A206
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE VD ☒ Change ☐ Addition
NAME EUSTIS, GEORGE F. JR.
STREET ADDRESS 1890 N. ATLANTIC AVE., A206
CITY-ST-ZIP COCOA BEACH, FL 32931

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

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

TITLE S ☒ Delete
NAME FALLER, MARY-K
STREET ADDRESS 1860 N. ATLANTIC AVE., B707
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE S ☒ Change ☐ Addition
NAME WALLICK, GREGORY-T.
STREET ADDRESS 1890 N. ATLANTIC AVE., A801
CITY-ST-ZIP COCOA BEACH, FL 32931

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

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

TITLE VP ☒ Delete
NAME JONGBLOED, KENNETH
STREET ADDRESS 1860 N. ATLANTIC AVE., B407
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE MEMBER AT LARGE ☒ Change ☐ Addition
NAME BAUMANN, WILLIAM
STREET ADDRESS 1860 N. ATLANTIC AVE., B506
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Thomas R. Gillen

3/03/05 (321) 783-1830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #