

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90252 036 \*\*\*\*61.25

<b>DOCUMENT # 754318</b> 1. Entity Name <b>ROYALE TOWERS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1830 N ATLANTIC AVE</b> <b>C808</b> <b>COCOA BCH, FL 32931 US</b>			Mailing Address <b>1830 N. ATLANTIC AVE</b> <b>C808</b> <b>COCOA BCH, FL 32931 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01122006 Chg-NP CR2E037 (11/05)	
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. Name and Address of Current Registered Agent  <b>CHRISTENSEN, JOHN ESQ</b> <b>C/O BECKER &amp; POLIAKOFF, P.A.</b> <b>500 WINDERLEY PL., STE 104</b> <b>MAITLAND, FL 32751</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to: <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUSTIS, GEORGE F JR		NAME	GILLEN, GENEVIEVE M	
STREET ADDRESS	1890 N ATLANTIC AVE A206		STREET ADDRESS	1830 N ATLANTIC AVE C701	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	COCOA BEACH FL 32931	
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 C607		STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH, FL 32931		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLICK, GREGORY T		NAME	FLETT, FRANCIS R	
STREET ADDRESS	1890 N ATLANTIC AVE A801		STREET ADDRESS	1830 N ATLANTIC AVE C604	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLEN, THOMAS R		NAME	KUEHN, JAMES L	
STREET ADDRESS	1830 N ATLANTIC AVE C701		STREET ADDRESS	1860 N ATLANTIC AVE B207	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	MAL	<input checked="" type="checkbox"/> Delete	TITLE	MAL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMANN, WILLIAM		NAME	FREEMAN, JAMES R	
STREET ADDRESS	1860 N ATLANTIC AVE B506		STREET ADDRESS	1860 N ATLANTIC AVE B107	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	COCOA BEACH FL 32931	
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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <i>Genevieve M Gillen</i> Genevieve Gillen 1/12/06 (321) 783-1830</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**60002915**

