

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90133 016 ****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

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TRACY, JANE S	
STREET ADDRESS	1860 N ATLANTIC AV B304	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WANN, SUSAN	
STREET ADDRESS	1830 N ATLANTIC AVE C607	
CITY-ST-ZIP	COCOA BCH FL 32931	
TITLE	MAL	<input checked="" type="checkbox"/> Delete
NAME	AMAN, ANNA	
STREET ADDRESS	1860 N ATLANTIC AVE B106	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GILLEN, THOMAS R	
STREET ADDRESS	1830 N ATLANTIC AVE C701	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	S	<input type="checkbox"/> Delete
NAME	DRUMMOND, THOMAS	
STREET ADDRESS	1830 N ATLANTIC AVE C407	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUSTIS, GEORGE F.	
STREET ADDRESS	1890 N ATLANTIC AVE A206	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MAL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALLER, MARY K.	
STREET ADDRESS	1860 N ATLANTIC AVE B707	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

George F. Eustis, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eustis, Jr. 2/20/02 321-783-1830

CR2E037 (10/02)