

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monahan  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 18 PM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 759080 (5)  
1. Corporation Name  
ROYALE GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address  
10001 W OAKLAND PK BLVD  
STE 300  
SUNRISE FL 33351  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/10/1981 3a. Date of Last Report 06/28/1994  
4. FEI Number 59-2206564 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 Zip Country 29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMORIELLO, PATRICK  
10001 W OAKLAND PRK BLVD STE 300  
SUNRISE FL 33351

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS           | CITY - ST - ZIP |
|-------|---------------------|--------------------------|-----------------|
| PD    | GRABOWSKI, CHERYL   | 7921 SOUTHGATE BLVD D4   | N LAUDERDALE FL |
| VD    | STAMM, ROSEMARY     | 7911 SOUTHGATE BLVD B10  | N LAUDERDALE FL |
| TD    | FAEGES, JAN         | 7931 SOUTHGATE BLVD E6   | N LAUDERDALE FL |
| SD    | GRAY, MARY          | 7921 SOUTHGATE BLVD D6   | N LAUDERDALE FL |
| D     | WILCOXSON, VERONICA | 7911 SOUTHGATE BLVD. B12 | N LAUDERDALE FL |
| D     | BEIBER, ROBIN       | 8051 SOUTHGATE BLVD J12  | N LAUDERDALE FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE    | 1.2 NAME             | 1.3 STREET ADDRESS         | 1.4 CITY - ST - ZIP      |
|--------------|----------------------|----------------------------|--------------------------|
| PRES. / D    | BEARDSLEY, ROBERT J. | 7911 SOUTHGATE BLVD # B-5  | N. LAUDERDALE, FL. 33068 |
| VP. / D      | CAPONETTA, CARLOS    | 8061 SOUTHGATE BLVD # I-6  | N. LAUDERDALE, FL. 33068 |
| TREAS. / D   | STERN, DENNIS A      | 7911 SOUTHGATE BLVD # B-11 | N. LAUDERDALE, FL. 33068 |
| SECRET. / D  | BEARDSLEY, NORA      | 7911 SOUTHGATE BLVD # B-5  | N. LAUD. FL. 33068       |
| DIRECTOR / D | KOCHLAN, ANTHONY     | 8051 SOUTHGATE BLVD # J-5  | N. LAUDERDALE, FL. 33068 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Title