


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90044 010 ****61.25

DOCUMENT # 767098 1. Entity Name ROYAL PARK II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % SOUTHEAST CONDOMINIUM MANAGEMENT INC. 2085 UNIVERSITY DR CORAL SPRINGS, FL 33065 US			Mailing Address % SOUTHEAST CONDOMINIUM MANAGEMENT INC. 2085 UNIVERSITY DR CORAL SPRINGS, FL 33071 US		
2. Principal Place of Business SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY DR. STE 310 CORAL SPRINGS, FL 33065			3. Mailing Address SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY DR. STE 310 CORAL SPRINGS, FL 33065		
Zip Country US		Zip Country US		4. FEI Number 59-2790498	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SOUTHEAST CONDOMINIUM MANAGEMENT 2085 UNIVERSITY DR CORAL SPRINGS, FL 33071			7. Name and Address of New Registered Agent Name Street Add SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY DR. STE 310 CORAL SPRINGS, FL 33065 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD ARAUJO, LYNDON 3881 CORAL SPRINGS DR CORAL SPRINGS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAUD, DEBRA 8121 TWIN LAKE DR BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIARENZA, CAROLYN UNIVERSITY DR CORAL SPRINGS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date _____			Daytime Phone # _____		