

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90050 006 ***150.00

DOCUMENT # H59239

1. Entity Name

PARK ROYALE RESIDENT OWNERS ASSOCIATION, INC.



Principal Place of Business

66131 ESSEX RD
PINELLAS PARK FL 33782
US

Mailing Address

66131 ESSEX RD
PINELLAS PARK FL 33782
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOGLE, LINDA
66131 ESSEX RD
PINELLAS PARK FL 33782

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MONER, DAVE	
STREET ADDRESS	66130 ESSEX RD	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOGLE, LINDA	
STREET ADDRESS	66131 ESSEX RD	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	V S	<input type="checkbox"/> Delete
NAME	PAPELIAN, LILLIAN	
STREET ADDRESS	66140 THAMES RD	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	S P	<input type="checkbox"/> Delete
NAME	COHN, RON	
STREET ADDRESS	66226 EATON RD	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEARS, KEN	
STREET ADDRESS	66197 STRATFORD RD	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON COHN	
STREET ADDRESS	66226 EATON Rd	
CITY-ST-ZIP	PINELLAS PK. FL 33782	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK WINTERBOTTOM	
STREET ADDRESS	135 THAMES Rd	
CITY-ST-ZIP	PINELLAS PK FL 33782	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILLIAN PAPELIAN	
STREET ADDRESS	66140 THAMES Rd	
CITY-ST-ZIP	PINELLAS PK FL 33782	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS DOWNEY	
STREET ADDRESS	132 THAMES Rd	
CITY-ST-ZIP	PINELLAS PK FL 33782	
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 607, 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: Linda Fogle LINDA FOGLE

1-28-04

(727) 547-8618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #