

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90058 010 ***150.00

00032841



03232005 Chg-P CR2E034 (10/03)

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 66082 THAMES		3. Mailing Address 66082 THAMES RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PINELLAS PARK		City & State PINELLAS PARK	
Zip 33782		Zip 33782	
Country USA		Country USA	
4. FEI Number 59-2538481		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOGLE, LINDA 66131 ESSEX RD PINELLAS PARK, FL 33782		7. Name and Address of New Registered Agent Name MINA SCHNETZER Street Address (P.O. Box Number is Not Acceptable) 66082 THAMES RD City PINELLAS PARK FL Zip Code 33782	
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 <u>Mina R. Schnetzer</u> MINA R. SCHNETZER T. <u>March 28, 2005</u> Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent Signature required when remaining) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHN, RON 86226 EATON RD. PINELLAS PARK, FL 33782 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHN RON ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOGLE, LINDA 66131 ESSEX RD PINELLAS PARK, FL 33782 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MINA SCHNETZER 66082 THAMES RD PINELLAS PARK FL 33782 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAPELIAN, LILLIAN 66140 THAMES RD PINELLAS PARK, FL 33782 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAPELIAN, LILLIAN 66140 THAMES RD. PINELLAS PARK, FL 33782 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNEY, THOMAS 132 THAMES RD. PINELLAS PARK, FL 33782 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANK KWIATT 66101 WINDSOR ST. PINELLAS PARK FL 33782 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WINTER BOTTOM, MARK 135 THAMES RD. PINELLAS PARK, FL 33782 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARL SANFORD 66145 TUDOR ST PINELLAS PARK FL 33782 ☐ Change ☒ Addition
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 807, 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: <u>Mina R. Schnetzer</u> MINA R. SCHNETZER T. <u>March 28, 2005</u> (727) 549-8548 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			