

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90082 021 ***150.00

DOCUMENT # H59239

1. Entity Name

PARK ROYALE RESIDENT OWNERS ASSOCIATION, INC.



Principal Place of Business

66082 THAMES RD.
PINELLAS PARK FL 33782
US

Mailing Address

66082 THAMES RD.
PINELLAS PARK FL 33782
US



2. Principal Place of Business

66082 THAMES RD

Suite, Apt. #, etc.

3. Mailing Address

66082 THAMES RD

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

PINELLAS PARK FLA.

City & State

PINELLAS PARK, FL.

4. FEI Number

59-2538481

Applied For

Not Applicable

Zip

33782

Country

USA

Zip

33782

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SCHNETZER, MINA
66082 THAMES 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

Mina R. Schnetzer

MINA R. SCHNETZER T

April 10, 2006

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 **D** ☒ Delete
NAME **COHN, RON**
STREET ADDRESS **66226 EATON RD.**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **T** ☐ Delete
NAME **SCHNETZER, MINA**
STREET ADDRESS **66082 THAMES RD**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **S** ☐ Delete
NAME **PAPELIAN, LILLIAN**
STREET ADDRESS **66140 THAMES RD.**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **P** ☐ Delete
NAME **KWAITT, FRANK**
STREET ADDRESS **66101 WINDSOR S T**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **VP** ☒ Delete
NAME **SANFORD, CARL**
STREET ADDRESS **66145 TUDOR ST**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **DAVIS, DIANE**
STREET ADDRESS **66217 MILTON**
CITY-ST-ZIP **PINELLAS PARK, FL. 33782**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME **PAPELIAN, LILLIAN**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **GREENWOOD, MARIE**
STREET ADDRESS **66251 OXFORD**
CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Mina R. Schnetzer

MINA R. SCHNETZER T.

4/10/06

(727)
549-8548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #