

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00843

1. Entity Name
ROYAL YORK CONDOMINIUM ASSOCIATION, INC.



FILED

05 OCT 14 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3115 FINSTERWALD DR.
TITUSVILLE, FL 32780

Mailing Address
3115 FINSTERWALD DR.
TITUSVILLE, FL 32780

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10072005 REIN-NP

CR2E099 (6/04)

City & State

City & State

4. FEI Number
59-3540350

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MC GEE, BILL + HELEN J
3111 FINSTERWALD DR.
TITUSVILLE, FL 32780

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

Joseph F. Bonanno Sr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/8/05

FILE NOW!!! FEE IS \$61.25
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
DVP
MC GEE, BILL
STREET ADDRESS
3111 FINSTERWALD DR.
CITY-ST-ZIP
TITUSVILLE, FL 32780 ☐ Delete

TITLE
NAME
500060629915
STREET ADDRESS
10/14/05--01062--004 **\$1.25
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
DP
BECKMANN, BETTY J.
STREET ADDRESS
3115 FINSTERWALD DR.
CITY-ST-ZIP
TITUSVILLE, FL ☒ Delete

TITLE
NAME
HALLOCK, PETER
STREET ADDRESS
3115 FINSTERWALD DR.
CITY-ST-ZIP
TITUSVILLE, FL. ☒ Change ☐ Addition

TITLE
NAME
D
RAQUE, LUCIAN+PAMELA
STREET ADDRESS
3123 FINSTERWALD DR
CITY-ST-ZIP
TITUSVILLE, FL ☐ Delete

TITLE
NAME
for 10/19
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
DVP
BONANNO, JOSEPH F
STREET ADDRESS
3119 FINSTERWALD DR.
CITY-ST-ZIP
TITUSVILLE, FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 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:

Joseph F. Bonanno Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/05

Date

Daytime Phone #