


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # N04000006931 1. Entity Name ROYAL PALM BUSINESS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1300 NORTH FEDERAL HIGHWAY SUITE 106 BOCA RATON, FL 33432	Mailing Address 1300 NORTH FEDERAL HIGHWAY SUITE 106 BOCA RATON, FL 33432
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04112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-3183090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KLASFELD, ALAN 1300 NORTH FEDERAL HIGHWAY SUITE 106 BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLASFELD, ALAN 1300 NORTH FEDERAL HIGHWAY, SUITE 106 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULERIS, DARIO 1300 NORTH FEDERAL HIGHWAY, SUITE 106 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORZHEMSKYA, YEKATERINA 1300 NORTH FEDERAL HIGHWAY, SUITE 106 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/08/06-80020-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06

Date

561-394-8723

Daytime Phone #