


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N04295** (4)
1. Corporation Name
ROYAL COURT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1412 ROYAL PALM SQUARE BLVD #101 FT MYERS FL 33919	Mailing Address 1412 ROYAL PALM SQ BLVD 101 FT MYERS FL 33919 US
--	--

3. Date Incorporated or Qualified 07/20/1984	
4. FEI Number 59-2447822	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**ORR, DONALD A
20105 WILDCAT RUN DR
ESTERO FL 33928**

10. Name and Address of New Registered Agent

81 Name Marshall L. Cohen
82 Street Address (P.O. Box Number is Not Acceptable) 1412 Royal Palm Square Blvd Ste 103
83 City Fort Myers
84 State FL
85 Zip Code 33919

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Marshall L. Cohen** **Marshall L. Cohen** **3/27/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME SAWYER, HENRY	
STREET ADDRESS 1412 ROYAL PALM SQ BLVD	
CITY-ST-ZIP FT MYERS FL	
TITLE D	<input type="checkbox"/> DELETE
NAME OVERLY, DONNA G.	
STREET ADDRESS 1412 ROYAL PALM SQ. BLVD	
CITY-ST-ZIP FT MYERS FL	
TITLE STD	<input checked="" type="checkbox"/> DELETE
NAME ORR, DONALD	
STREET ADDRESS 20105 WILDCAT RUN DR	
CITY-ST-ZIP ESTERO FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Marshall L. Cohen	
3.3 STREET ADDRESS 1412 Royal Palm Square Blvd Ste 103	
3.4 CITY-ST-ZIP Fort Myers, Florida 33919	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Henry R. Sawyer**

CR2E037 (10/97)