


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N04758	
1. Entity Name 80 ROYAL PALM CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 80 ROYAL PALM POINTE, #300 VERO BEACH, FL 32960	Mailing Address 80 ROYAL PALM POINTE, #300 VERO BEACH, FL 32960
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02062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2450816	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PETERSON, DIANA
80 ROYAL PALM POINTE, #300
VERO BEACH, FL 32960

**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 *Diana Peterson*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-6-05
DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

100000222613
02/10/05-80009-006 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETERSON, DIANA 80 ROYAL PALM POINTE STE 300 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEFFEY, RICHARD 80 ROYAL PALM POINTE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALE, TERRI 80 ROYAL PALM POINTE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Diana Peterson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-05 772-778-4343
Date Daytime Phone #