

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90041 020 ****61.25

DOCUMENT # N06000005246

1. Entity Name
**ROYAL POINT AT PALM AIRE CONDOMINIUM A
ASSOCIATION, INC.**



Principal Place of Business
**8190 STATE ROAD 84
DAVIE, FL 33324**

Mailing Address
**8190 STATE ROAD 84
DAVIE, FL 33324**



2. Principal Place of Business - No P.O. Box #
8151 Peters Road

3. Mailing Address
8151 Peters Road

01052007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.
Crossroads Bldg. #2

Suite, Apt. #, etc.
Crossroads Bldgs. #2

City & State
Plantation, FL 33324

City & State
Plantation, FL 33324

4. FEI Number
20-4893939

Applied For
Not Applicable

Zip
33324

Country

Zip
33324

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARGOLIS, JEFFREY R PA
% DUANE MORRIS, LLP
200 SOUTH BISCAYNE BLVD., STE 3400
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
SCHRAGER, MARLENE
8190 STATE ROAD 84
DAVIE, FL 33324** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
CUMMINGS, KENDALL
8190 STATE ROAD 84
DAVIE, FL 33324** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
ABRAMSON, RANDEE
8190 STATE ROAD 84
DAVIE, FL 33324** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
PAPALE, MICHAEL
8151 Peters Road
Plantation, FL 33324** ☒ Change ☐ Addition

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

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

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 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: *Marlene Schrage* **MARLENE SCHRAGER** 1/23/07 954-370-0013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #