FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name N10337

(6)

COURT	ROYALE CONDOMINION A	ISSOCIATION, INC.	<u></u>					
Principal Place of	Business	Mailing Address			1 10011107 201 11911 00194 1190 1111			
2930 UNIVERSITY DRIVE CORAL SPRINGS FL 33065-4152		C/O AMERA PROPERTIES INC. 2930 UNIVERSITY DRIVE CORAL SPRINGS FL 33065 US			-T-a			
				3. Date Incorporated or Qualified 07/19/1985	3a. Dat	3a. Date of Last Report 05/01/1995		
2. Principal Place	of Business	2a. Mailing Address			4. FEI Number	<u> </u>		pplied For
		26			59-2832973			lot Applicable Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27 Otty & State		5. Certificate of Status Desired	Fee Required			
City & State				6. Election Campaign Financing	r	\$5.00 May Be Added to Fees		
City a Grane		28			Trust Fund Contribution			
Zip	Country	Zip	Coun	try	This corporation has liability for Florida Statutes	intangible ta:	x unders. No	189.032,
	9. Name and Address of Current	29 Pagistared Agent	30		10. Name and Address of New I	Registered A	Agent	
	9. Name and Address of Current	negistered Agent		B1 Name				
	0F000F A		<u> </u>	82 Street Add	ess (P.O. Box Number is Not Accepta	ble)		
LAQUIS,	GEORGE A. SAMPLE ROAD		L					
CUDYI 6 INIRA M.	PRINGS FL 33065		83					
CONSILIO	111110012 00000		 	84 City		FL	85 Zır	o Code
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	, and accept the obligations of, Sections of the obligations of the ob			Agent signature respons	ration submits this statement for the pure of directors. I hereby accept the applications reinstalling	DATE		
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NAME				STREET ADDRESS		برسي	-1-	91. ~
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14. I do heret	L by certify that the information supplies	with this filing is voluntarily for	urnished and	d does not qualif	y for the exemption stated in Section 1 urate and that my signature shall have	:19.07(3)(k), I the same leg	-ionua Sta jal effect as	idles. Hurrie s if made und
certify that	I am an officer or director of the	horation or the receiver or trus	stee empow	ered to execute	y for the exemption stated in Section i urate and that my signature shall have this report as required by Chapter 617	', Florida Stal	iutes; and	tnat my name
appears i	n Block 12 or Block 13 if classed	on an attachment with an ac	uaress.		1/2/2/			
SIGNAT	TIBE. Melod	the sector		GE RAHAE	L 4/24/40		954)	753 <u>-95</u> 0
DIGITAL	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OF	FICER OR DIRE	CTOR	* J Usta		Jan. B. 4 116	"