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May 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21700
1. Corporation Name

ROYAL PALM COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5295 Town Center Rd
Suite 200
Boca Raton, FL 33486

5295 Town Center Rd
Suite 200
Boca Raton, FL 33486

4. Date Incorporated or Qualified
July 24, 1987

5a. Date of Last Report
1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 192.032, Florida Statutes ☐ Yes ☒ No

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

William K. Isaacson
Lang Management Company, Inc
5295 Town Center Road, Suite 200
Boca Raton, FL 33486

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD

ACKERMAN, DONNA

17038 Royal Cove Way

Boca Raton, FL 33496

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

BD

KAUFMAN, MORT

17141 Royal Cove Way

Boca Raton, FL 33496

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SD

LEE, JOHN

17157 Royal Cove Way

Boca Raton, FL 33496

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TD

ACKERMAN, CHARLES

17165 Royal Cove Way

Boca Raton, FL 33496

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D

HERSON, MILTON

17173 Royal Cove Way

Boca Raton, FL 33496

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500002184955

-05/20/97-01051

***70.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 619.07(3)(b), 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 and signed by 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:

CHARLES ACKERMAN, TUES 4-25-97

561
750 8160

CR2E037 (9/96)