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Mar 24 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 # N21700 (2)

1. Corporation Name

ROYAL PALM COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5295 TOWN CENTER ROAD SUITE 200 BOCA RATON FL 33486	5295 TOWN CENTER ROAD SUITE 200 BOCA RATON FL 33486

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 07/24/1987

4. FEI Number: 65-0107336 ☐ Applied For ☐ Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ISAACSON WILLIAM K.
% LANG MANAGEMENT COMPANY, INC.
5295 TOWN CENTER ROAD, STE 200
BOCA RATON FL 33436

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ACKERMAN, DONNA		1.2 NAME		
STREET ADDRESS	17038 ROYAL COVE WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-ST-ZIP		
TITLE	BD	☐ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	KAUFMAN, MORT		2.2 NAME		
STREET ADDRESS	17149 ROYAL COVE WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		2.4 CITY-ST-ZIP		
TITLE	VPT	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	CERISANO, MICHAEL		3.2 NAME	CHARLES ACKERMAN	
STREET ADDRESS	17165 ROYAL COVE WAY		3.3 STREET ADDRESS	17165 ROYAL COVE WAY	
CITY-ST-ZIP	BOCA RATON FL 33496		3.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HERSON, MILTON		4.2 NAME		
STREET ADDRESS	17173 ROYAL COVE WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	ASARCH, JACK		5.2 NAME	JOHN LEE	
STREET ADDRESS	17125 ROYAL COVE WAY		5.3 STREET ADDRESS	17157 ROYAN COVE WAY	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: X [signature] Feb. 27, 1998