

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90084 038 ****70.00

DOCUMENT # **N21700**

1. Corporation Name

ROYAL PALM COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

5295 TOWN CENTER ROAD
SUITE 200
BOCA RATON FL 33486

Mailing Address

5295 TOWN CENTER ROAD
SUITE 200
BOCA RATON FL 33486



* 2 202652-90084-38

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ACKERMAN, DONNA
STREET ADDRESS 17038 ROYAL COVE WAY
CITY-ST-ZIP BOCA RATON FL 33496 ☐ DELETE

TITLE VPD
NAME KAUFMAN, MORT
STREET ADDRESS 17149 ROYAL COVE WAY
CITY-ST-ZIP BOCA RATON FL 33496 ☒ DELETE

TITLE TD
NAME ACKERMAN, CHARLES
STREET ADDRESS 17165 ROYAL COVEWAY
CITY-ST-ZIP BOCA RATON FL 3349 ☐ DELETE

TITLE D
NAME HERSON, MILTON
STREET ADDRESS 17173 ROYAL COVE WAY
CITY-ST-ZIP BOCA RATON FL 33496 ☐ DELETE

TITLE SD
NAME LEE, JOHN
STREET ADDRESS 1757 ROYAL COVE WY
CITY-ST-ZIP BOCA RATON FL 33496 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME WISTON, BARBARA
2.3 STREET ADDRESS 17037 ROYAL COVE WAY
2.4 CITY-ST-ZIP BOCA RATON, FL 33496

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)