

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90063 011 ****70.00

DOCUMENT # N21700

1. Entity Name

ROYAL PALM COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

21045 COMMERCIAL TR
 BOCA RATON FL 33486

5295 TOWN CENTER ROAD
 BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

21045 Commercial Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

4. FEI Number

65-0107336

Applied For

Not Applicable

Zip

Country

33486

Country

US

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAM K. ISAACSON,
 C/O LANG MANAGEMENT COMPANY, INC.
 21045 COMMERCIAL TRAIL
 BOCA RATON FL 33486-1006**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
 NAME **Vice-President**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D WINSTON, BARBARA**
 STREET ADDRESS **17037 ROYAL COVEWAY**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Change ☒ Addition
 NAME **PRESIDENT MARTHA MEYERS**
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/02 36750880

CR2E037 (9/01)