

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-12-2004 90031 025 ****70.00

66408808



MOORE CR2E037 (11/03)

DOCUMENT # N21700 1. Entity Name ROYAL PALM COVE HOMEOWNERS ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business 21045 COMMERCIAL TR BOCA RATON FL 33486 US		Mailing Address 21045 COMMERCIAL TR BOCA RATON FL 33486 US																																																																																																																																																			
2. Principal Place of Business		3. Mailing Address																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																			
City & State		City & State																																																																																																																																																			
Zip	Country	Zip	Country	4. FEI Number 65-0107336																																																																																																																																																	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable																																																																																																																																																	
6. Name and Address of Current Registered Agent WILLIAM K. ISAACSON C/O LANG MANAGEMENT COMPANY, INC. 21045 COMMERCIAL TRAIL BOCA RATON FL 33486-1006				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																																																					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																																																																					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																																																	
Make Check Payable to Florida Department of State																																																																																																																																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>ACKERMAN, DONNA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17038 ROYAL COVE WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON FL 33496</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MEYERS, MARTIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17037 ROYAL COVEWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON FL 33496</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>ACKERMAN, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17165 ROYAL COVEWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON FL 3349</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>HERSON, MILTON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17173 ROYAL COVE WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON FL 33496</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>PD MEYER, MARTIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>SD AVIDANE, ELIZABETH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12029 ROYAL COVE WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33496</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>TD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>D KLEIN, LEON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12046 ROYAL COVE WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33496</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	NAME	☐ Delete	NAME	ACKERMAN, DONNA		STREET ADDRESS	17038 ROYAL COVE WAY		CITY-ST-ZIP	BOCA RATON FL 33496		TITLE	NAME	☐ Delete	NAME	MEYERS, MARTIN		STREET ADDRESS	17037 ROYAL COVEWAY		CITY-ST-ZIP	BOCA RATON FL 33496		TITLE	NAME	☒ Delete	NAME	ACKERMAN, CHARLES		STREET ADDRESS	17165 ROYAL COVEWAY		CITY-ST-ZIP	BOCA RATON FL 3349		TITLE	NAME	☐ Delete	NAME	HERSON, MILTON		STREET ADDRESS	17173 ROYAL COVE WAY		CITY-ST-ZIP	BOCA RATON FL 33496		TITLE	NAME	☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☒ Change ☐ Addition	NAME	PD MEYER, MARTIN		STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☒ Addition	NAME	SD AVIDANE, ELIZABETH		STREET ADDRESS	12029 ROYAL COVE WAY		CITY-ST-ZIP	BOCA RATON, FL 33496		TITLE	NAME	☒ Change ☐ Addition	NAME	TD		STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☒ Addition	NAME	D KLEIN, LEON		STREET ADDRESS	12046 ROYAL COVE WAY		CITY-ST-ZIP	BOCA RATON, FL 33496		TITLE	NAME	☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <i>Martin A. Meyer, President</i> March 24, 2004 (561)-944-6286 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																					
<i>MARTIN A. MEYER</i> DATE DAYTIME PHONE #																																																																																																																																																					