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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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| ROYAL PALMS OF ORLANDO CONDOMINIUM ASSOCIATION, INC.   |  |  |   |  |  |                                |   |                              |
|--|--|--|---|--|--|--------------------------------|---|------------------------------|
| incipal Place of   | Business   | Mailing Address                              |   |  |  |                                |   |                              |
| O ROBERT A   |  | C/O ROBERT A. MILLER<br>1807 CRYSTAL LAKE DR |   |  |  |                                |   |                              |
| 807 CRYSTAL LAKE DR.<br>AKELAND FL 33801-5979  |  | LAKELAND FL 33801-5979                       |   |  | Date Incorporated or Qualific                | od 3a.                         | Date of Last Re                               | eport                        |
|  |  |  |   |  | 08/31/1987                                   |                                | 07/28/199                                     | 95                           |
| Principal Plac   | a of Rusiness  | 2a. Mailing Address                          |   |  | 4. FEI Number                                |                                | <b>⊢</b> + ·                                  | plied For                    |
| - инфантас   | E Ot Bua⊩idoo  | 26   |   |  | 59-2876518                                   | <u> </u>                       |   | ot Applicable                |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                          |   | 5. Certificate of Status Desired   |  | \$8.75 Additional Fee Required |   |                              |
|  |  | 27 City & State                              |   |  | 6. Election Campaign Financing               | q                              |   | May Be                       |
| City & State   |  | City & State                                 |   |  | Trust Fund Contribution                      |                                | Added   | to Fees                      |
| 7m   | Country  | Zip  | Co.   | untry  | 8. This corporation has liability            | for intangible                 | tax under s. 1                                | 99.032,                      |
| Zip<br>]   | 25   | 29   | 30  |  | Florida Statutes  10. Name and Address of Ne | Yes                            |   |                              |
| l  | 9. Name and Address of Currer  | nt Registered Agent                          |   | O1 Name  | Jane Berg                                    | w negisiele                    | o ulacin                                      |                              |
|  |  |  |   | 81 Name  | _  |                                |   |                              |
| LOVE, WIL  |  |  |   | 82 Street Ad   | aber is Not Acce                             | ptable)                        |   |                              |
| 1200 U.S. HWY. 98, SOUTH   |  |  |   | 83   |  |                                |   |                              |
| LAKELANI   | D FL 33801   |  |   |  | 8404 Vacation W                              |                                | . 85 Zip                                      | Code                         |
|  |  |  |   | 84 City  | Orlando                                      | F                              |   | 2821                         |
| or registere<br>familiar with<br>IGNATURE  | n, and accept the obligations of, Sec  | tion 617,0503, Florida Statute               | s. J  | pove-named corporation's become ane Ber  |  | -/ <u>6</u>                    | - 9,6   |                              |
| or registere<br>familiar with  | ad agent, or both, it the state of hon, and accept the obligations of, Set   | tion 617,0503, Florida Statute               | S. J<br>OTE Register<br>13  | ane Ber<br>red Agent signature fer<br>3.   | g _2   | -/ <u>6</u>                    | - 9,6   |                              |
| or registere familiar with   | and agent, or both, it the state of high and accept the disligations of, Set Signature, typed or president and OFFICERS AT   | tion 617.0503, Florida Statute               | s. <b>J</b> OIF Register 13   | ane Ber  | g 2  | -/ <u>6</u>                    | - <b>9,6</b><br>1<br>AND D'RECTO              | RS IN 12                     |
| or registere familiar with SIGNATURE 5.12.   | od agent, or both, it the state of his, and accept the obligations of, Set Officers at Officers at Officers All SD MOMILLIAN, LAURA S.   | tion 617,0503, Florida Statute               | S. J. 13 1.1 1.2  | ane Ber<br>red Agort squature rev<br>3.  | g 2  | -/ <u>6</u>                    | - <b>9,6</b><br>1<br>AND D'RECTO              | RS IN 12                     |
| or registere familiar with SIGNATURE   | Sprature, typed or puter lane of registering and OFFICERS AT SD MOMILLIAN, LAURA S. 4820 KNOLLWOOD CT.   | tion 617,0503, Florida Statute               | S. J  | ane Ber red Agent squatura ren 3.  TIGLE 2 NAME  | g 2  | -/ <u>6</u>                    | - <b>9,6</b><br>e<br>and diffecto<br>☐ Change | RS IN 12                     |
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| or registere familiar with signature   | SD MOMILLIAN, LAURA S. 4820 KNOLLWOOD CT. VIRGINIA BEACH VA  | ntion 617.0503, Florida Statute              | S. J. 101F Basistere 13 1.1 1.2 13 1.4 21   | ane Ber  red Agret squatura res  3.  TILLE 2 NAME 3 STHEEF ADDRESS 4 CHY-ST-ZIP 1 TILLE 2 NAME   | g 2  | -/ <u>6</u>                    | - <b>9,6</b><br>e<br>and diffecto<br>☐ Change | RS IN 12                     |
| or registere familiar with signature  12.  ITTLE NAME STREEL ADDRESS CITY - ST - ZIP ITTLE   | SD MOMILLIAN, LAURA S. 4820 KNOLLWOOD CT. VIRGINIA BEACH VA PD ADAMS, ROBERT H. 114 E. DELMAR AVE.   | ntion 617.0503, Florida Statute              | S. J  OTE Buston  13  1.1  1.2  1.3  1.4  2.1  2.2  2.3                               | ane Ber  Ted April syndium res  3.  TILLE  P NAME  1 STHEET ADDRESS  4 CHY-ST-ZIP  1 TILLE  2 NAME  3 STREET ADDRESS   | g 2  | -/ <u>6</u>                    | - <b>9,6</b><br>e<br>and diffecto<br>☐ Change | RS IN 12                     |
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SIGNATURE: \_

Robert H. Adams 609/398-3889