

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:26

DOCUMENT # N93000005703 (4)

1. Corporation Name
ROYAL OAKS PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
1855 KNOX MCRAE DR 1855 KNOX MCRAE DR
TITUSVILLE FL 32780 TITUSVILLE FL 32780
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/20/1993** 3a. Date of Last Report **06/27/1994**
4. FEI Number **59-3229714** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**SOILEAU, JOHN L
1970 MICHIGAN AVE
COCOA FL 32922**

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 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	FLAHERTY, JOHN
STREET ADDRESS	1855 KNOX MCRAE DR
CITY-ST-ZIP	TITUSVILLE FL
TITLE	D
NAME	EATON, LEONARD V
STREET ADDRESS	1855 KNOX MCRAE DR
CITY-ST-ZIP	TITUSVILLE FL
TITLE	D
NAME	MAZJIN, STEVE
STREET ADDRESS	1851 KNOX MCRAE DR
CITY-ST-ZIP	TITUSVILLE FL
TITLE	D
NAME	KINSELLA, ANTHONY
STREET ADDRESS	1917 KNOX MCRAE DR
CITY-ST-ZIP	TITUSVILLE FL 32780
TITLE	D
NAME	GULLIKSON, GREGORY L
STREET ADDRESS	1851 KNOX MCRAE DR
CITY-ST-ZIP	TITUSVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	32780
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	32780
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	32780
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Kinsella, Anthony
4.3 STREET ADDRESS	1855 Knox McRae Dr.
4.4 CITY-ST-ZIP	Titusville, FL 32780
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Gullikson, Gregory L.
5.3 STREET ADDRESS	1853 Knox McRae Dr
5.4 CITY-ST-ZIP	Titusville, FL 32780
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included in 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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gregory L. Gullikson* **Gregory L. Gullikson** 2/2/95 407-267-2934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)