

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000005703 (4)

1. Corporation Name

ROYAL OAKS PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1855 KNOX MCRAE DR
TITUSVILLE FL 32780
US

1855 KNOX MCRAE DR
TITUSVILLE FL 32780
US

3. Date Incorporated or Qualified: 12/20/1993
3a. Date of Last Report: 02/13/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-3229714	Not Applicable
22	22	27	23	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
	Zip	Country	Zip	Country	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOILEAU, JOHN L
1970 MICHIGAN AVE
COCOA FL 32922

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAHERTY, JOHN	1.2 NAME	
STREET ADDRESS	1855 KNOX MCRAE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, LEONARD V	2.2 NAME	
STREET ADDRESS	1855 KNOX MCRAE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZLIN, STEVE	3.2 NAME	
STREET ADDRESS	1851 KNOX MCRAE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINSELLA, ANTHONY	4.2 NAME	
STREET ADDRESS	1855 KNOX MCRAE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULLIKSON, GREGORY L	5.2 NAME	
STREET ADDRESS	1853 KNOX MCRAE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE:

Gregory L. Gullikson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory L. Gullikson

1/17/96

407-267-2934

Date

Daytime Phone #

CR2E037 (12/95)