

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED Jan 27 1998 8:00am Secretary of State

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

4. FEI Number

59-3229714

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes 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

12.1 TITLE: D [] DELETE; NAME: FLAHERTY, JOHN; STREET ADDRESS: 1855 KNOX MCRAE DR; CITY-ST-ZIP: TITUSVILLE FL

13.1.1 TITLE: [] Change [] Addition; 1.2 NAME; 1.3 STREET ADDRESS; 1.4 CITY-ST-ZIP

12.2 TITLE: D [] DELETE; NAME: EATON, LEONARD V; STREET ADDRESS: 1855 KNOX MCRAE DR; CITY-ST-ZIP: TITUSVILLE FL

13.2.1 TITLE: [] Change [] Addition; 2.2 NAME; 2.3 STREET ADDRESS; 2.4 CITY-ST-ZIP

12.3 TITLE: D [] DELETE; NAME: MAZLIN, STEVE; STREET ADDRESS: 1851 KNOX MCRAE DR; CITY-ST-ZIP: TITUSVILLE FL

13.3.1 TITLE: [] Change [] Addition; 3.2 NAME; 3.3 STREET ADDRESS; 3.4 CITY-ST-ZIP

12.4 TITLE: D [] DELETE; NAME: KINSELLA, ANTHONY; STREET ADDRESS: 1855 KNOX MCRAE DR; CITY-ST-ZIP: TITUSVILLE FL

13.4.1 TITLE: [] Change [] Addition; 4.2 NAME; 4.3 STREET ADDRESS; 4.4 CITY-ST-ZIP

12.5 TITLE: D [] DELETE; NAME: GULLIKSON, GREGORY L; STREET ADDRESS: 1853 KNOX MCRAE DR; CITY-ST-ZIP: TITUSVILLE FL

13.5.1 TITLE: [] Change [] Addition; 5.2 NAME; 5.3 STREET ADDRESS; 5.4 CITY-ST-ZIP

12.6 TITLE: [] DELETE; NAME; STREET ADDRESS; CITY-ST-ZIP

13.6.1 TITLE: [] Change [] Addition; 6.2 NAME; 6.3 STREET ADDRESS; 6.4 CITY-ST-ZIP

14. 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 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

1/27/98

CR2E037 (10/97)