

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 17, 2005  
Secretary of State**

DOCUMENT# N93000005703

Entity Name: ROYAL OAKS PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1855 KNOX MCRAE DR  
TITUSVILLE, FL 32780 US

**New Principal Place of Business:**

**Current Mailing Address:**

1855 KNOX MCRAE DR  
TITUSVILLE, FL 32780 US

**New Mailing Address:**

FEI Number: 59-3229714      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOILEAU, JOHN L  
1970 MICHIGAN AVE  
COCOA, FL 32922 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FLAHERTY, JOHN  
Address: 1855 KNOX MCRAE DR  
City-St-Zip: TITUSVILLE, FL

Title: D ( ) Delete  
Name: EATON, LEONARD V  
Address: 1855 KNOX MCRAE DR  
City-St-Zip: TITUSVILLE, FL

Title: D ( ) Delete  
Name: MAZLIN, STEVE  
Address: 1851 KNOX MCRAE DR  
City-St-Zip: TITUSVILLE, FL

Title: D ( ) Delete  
Name: KINSELLA, ANTHONY  
Address: 1855 KNOX MCRAE DR  
City-St-Zip: TITUSVILLE, FL

Title: D ( ) Delete  
Name: GULLIKSON, GREGORY L  
Address: 1853 KNOX MCRAE DR  
City-St-Zip: TITUSVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY L. GULLIKSON

D

01/17/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date