

03-07-2003 90074 050 ***150.00

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CHECK HERE IF MAKING CHANGES

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N93000005703



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

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

Mailing Address
**1855 KNOX MCRAE DR
 TITUSVILLE FL 32780
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-3229714**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SOLEAU, JOHN L
 1970 MICHIGAN AVE
 COCOA FL 32922**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FLAHERTY, JOHN	1855 KNOX MCRAE DR	TITUSVILLE FL	<input type="checkbox"/>
D	EATON, LEONARD V	1855 KNOX MCRAE DR	TITUSVILLE FL	<input type="checkbox"/>
D	MAZLIN, STEVE	1851 KNOX MCRAE DR	TITUSVILLE FL	<input type="checkbox"/>
D	KINSELLA, ANTHONY	1855 KNOX MCRAE DR	TITUSVILLE FL	<input type="checkbox"/>
D	GULLIKSON, GREGORY L	1853 KNOX MCRAE DR	TITUSVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03
Date

CR2E037 (10/02)