

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

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95 MAR -2 PM 4: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N94000000912 (5)  
1. Corporation Name  
ROYAL OAKS OFFICE PARK OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address  
1498 W 84 ST HIALEAH FL 33014 1498 W 84 ST HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 02/18/1994 3a. Date of Last Report  
4. FEI Number 65-0499043 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

9. Name and Address of Current Registered Agent  
LOVELL, R O  
1498 W 84 ST  
HIALEAH FL 33014

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 607.1508, 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 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	PD
NAME	LOVELL, R O
STREET ADDRESS	1498 W 84 ST
CITY - ST - ZIP	HIALEAH FL 33014
TITLE	STD
NAME	LOVELL, E B
STREET ADDRESS	1498 W 84 ST
CITY - ST - ZIP	HIALEAH FL 33014
TITLE	VD
NAME	HAMKER, SHIRLEY M
STREET ADDRESS	1498 W 84 ST
CITY - ST - ZIP	HIALEAH FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	DECEASED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	ASST. SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WHITE, VALERIE
4.3 STREET ADDRESS	1498 West 84th Street
4.4 CITY - ST - ZIP	Hialeah, FL
5.1 TITLE	ASST. TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LOVELL, ROSE A.
5.3 STREET ADDRESS	1498 West 84th Street
5.4 CITY - ST - ZIP	Hialeah, FL
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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R O Lovell 2-10-95  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Print Name)