FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



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

1996	
DOCUMENT #	١

N9400000912 (5)

ROYAL OAKS OFFICE PARK OWNERS ASSOCIATION, INC.

Principal Place	e of Business	Mailing Address					
-		_					
1498 W 84 S HIALEAH FL		1498 W 84 ST Hialeah Fl 33014					
Innegriiiig	W017	HINCONH PE 30014					
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/02/1995			
	lace of Business	2a. Mailing Address		4. FEI Number Applied For			
21		26		65-0499043 Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & Stat	0	City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30	Florida Statutes			
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent			
			B1 Nan	me			
LOVELL	, R O		82 Stre	reet Address (P.O. Box Number is Not Acceptable)			
1498 W	84 ST		[
HIALEA	1 FL 33014		83				
			84 City	In I a continue			
			84 City	FL 85 Zip Code			
11. Pursuant	to the provisions of Sections 617,050	2 and 617.1508, Florida Statut	tes, the above named	and corporation submits this statement for the nurpose of changing its registered office			
or registe	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	ida. Such change was authoriz	zed by the corporation	on's board of directors. I hereby accept the appointment as registered agent. I am			
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,		J.				
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable (NC	OTE: Registered Agent signatu	ature required when reinstating) DATE			
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE	1.1 TITLE	☐ Change ☐ Addition			
NAME	LOVELL, R O		1.2 NAME				
STREET ADDRESS	1498 W 84 ST		1.3 STREET ADDRES	ESS			
CITY - S? - ZIP	HIALEAH FL 33014		1.4 CITY-ST-ZIP				
TITLE	ASD	DELETE	2 1 TITLE	S,D X Change Addition			
NAME	WHITE, VALERIE		2 2 NAME	WHITE, VALERIE			
STREET ADDRESS	1498 W 84 ST		2 3 STREET ADDRES				
CITY -ST - ZIP	HIALEAH FL		2 4 CITY - ST - ZIP	113-3			
TITLE	VD	DELETE	3 1 TITLE	☐ Change ☐ Addition			
NAME	HAMKER, SHIRLEY M		3.2 NAME				
STREET ADDRESS	1498 W 84 ST		3 3 STREET ADDRES	ESS			
CITY-ST-ZIP	HIALEAH FL 33014		34. CITY-ST-ZIP				
TITLE	ATD	DELETE	4.1 TITLE	T, VP ☐ Change ☐ Addition			
NAME	LOVELL, ROSE A.		4 2 NAME	LOVELL, ROSE A.			
STREET ADDRESS	1498 WEST 84TH STREET		4.3 STREET ADDRES				
CITY-ST-ZIP	HIALEAH FL		4.4 CITY - ST - ZIP				
TITLE		DELETE	5 1 TITLE	Change Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRES	ESS			
CITY - ST - ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	61 TITLE	☐ Change ☐ Addition			
NAME			6.2 NAME				
STREET ADDRESS			6 3 STREET ADDRES	ESS			
CITY - ST - ZIP			64 CITY-ST-ZIP				
14. I do herek	by certify that the information supplied	with this filing is voluntarily furr	nished and does not d	qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further			
certify tha	it the information indicated on this ann	iual report or supplemental ann	iual report is true and	d accurate and that my signature shall have the same legal effect as if made under			
appears in	oath; that I am an officer or director of the corporation or the receiver or trustee empowered 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: __

MINATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR R. O. Lovell, President

January 18, 1996

305-821-1331

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CR2E037 (12/95)