

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752042

**FILED**  
**Mar 29, 2016**  
**Secretary of State**  
**CC0772967038**

**Entity Name:** ROYAL PALM AT PLANTATION CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O MIAMI MANAGEMENT  
1145 SAWGRASS CORP PKWY  
SUNRISE, FL 33323

**Current Mailing Address:**

C/O MIAMI MANAGEMENT  
1145 SAWGRASS CORP PKWY  
SUNRISE, FL 33323

**FEI Number: 59-2141520**

**Certificate of Status Desired: No**

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

EISINGER, DENNIS  
4000 HOLLYWOOD BLVD  
# S 265  
HOLLYWOOD, FL 33021 US

*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

**Officer/Director Detail :**

Title P  
Name EVERHART, CONSTANCE J  
Address 1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title TREASURER  
Name BONN, GORDON  
Address 1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title SECRETARY  
Name IVANY, KATHLEEN  
Address 1145 SAWGRASS CORP  
City-State-Zip: FORT LAUDERDALE FL 33323

Title VP  
Name HODGSON, FRANCES  
Address 1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR  
Name ZENCHAK, TODD  
Address 1145 SAWGRASS CORPORATE PKWY  
City-State-Zip: SUNRISE FL 33323

*I hereby 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 all other like empowered.*

**SIGNATURE: CONSTANCE J EVERHART**

**PRESIDENT**

**03/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date