

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **719248** (7)
1. Corporation Name
ANASTASIA ROYAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
411 ANASTASIA AVENUE CORAL GABLES FL 33134	411 ANASTASIA AVENUE CORAL GABLES FL 33134

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

3. Date Incorporated or Qualified	09/02/1970	
4. FEI Number	59-1446244	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORNIDE, LUIS
411 ANASTASIA AVENUE
CORAL GABLES FL 33134**

81 Name	GRIFFIN REALTY, INC.	
82 Street Address (P.O. Box Number is Not Acceptable)	2050 CORAL WAY # 305	
83		
84 City	MIAMI, FLA.	85 Zip Code FL 33145

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____

(NOTE: Registered Agent signature required when reinstating)

DATE **1-26-98**

12. OFFICERS AND DIRECTORS

TITLE	VP	DELETE
NAME	CORNIDE, LEO	
STREET ADDRESS	411 ANASTASIA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD O N	DELETE
NAME	JANSEN, JEANE	
STREET ADDRESS	411 ANASTASIA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	TD	DELETE
NAME	CHIVEROS, CAROLINA	
STREET ADDRESS	411 ANASTASIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VPD	DELETE
NAME	RUSSO, CAROL	
STREET ADDRESS	411 ANASTASIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD HIDALGO, CARLOS
1.3 STREET ADDRESS	411 ANASTASIA AVE, #201
1.4 CITY-ST-ZIP	CORAL GABLES, FLA 33134
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TD NATIEL, THOMAS
2.3 STREET ADDRESS	P.O. BOX 248524
2.4 CITY-ST-ZIP	CORAL GABLES, FLA 33134
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HULL, ROSANA
3.3 STREET ADDRESS	411 ANASTASIA AVE, #205
3.4 CITY-ST-ZIP	CORAL GABLES, FLA 33134
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VPD MOSKOSKY, CAROLINA
4.3 STREET ADDRESS	411 ANASTASIA AVE, #301
4.4 CITY-ST-ZIP	CORAL GABLES, FLA 33134
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

Jeane Jansen, Secretary

Date _____ Daytime Phone # _____

CR02037 (10/97)