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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **719248** *OK*

1. Corporation Name

ANASTASIA ROYAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**411 Anastasia Avenue
CORAL GABLES, FLA.
33134**

2. Principal Place of Business

2a. Mailing Address

21

26

Griffin Realty, Inc. 09/02/1970
2050 Coral Way,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

#305

City & State

City & State

23

28

Miami, Fla.

Zip

Country

Zip

Country

24

25

29

33145

30

Dade

3. Date Incorporated or Qualified

4. FEI Number

59-1446244

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Griffin Realty, Inc.
2050 Coral Way, Suite #305
Miami, Fla. 33145**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **PD**
STREET ADDRESS **HIDALGO, CARLOS**
CITY-ST-ZIP **411 ANASTASIA AVE., UNIT # 201**
CORAL GABLES, FLA. 33134

TITLE ☒ DELETE
NAME **TD**
STREET ADDRESS **NATIELO, THOMAS**
CITY-ST-ZIP **P.O. BOX 248524**
CORAL GABLES, FLA. 33134

TITLE ☒ DELETE
NAME **DSD**
STREET ADDRESS **JANSON, JEANNE**
CITY-ST-ZIP **411 ANASTASIA AVE., UNIT #203**
CORAL GABLES, FLA. 33134

TITLE ☒ DELETE
NAME **VPD**
STREET ADDRESS **MOSKOSKY, CAROLINA**
CITY-ST-ZIP **411 ANASTASIA AVE., UNIT#301**
CORAL GABLES, FLA. 33134

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **HULL, ROSANA**
CITY-ST-ZIP **411 ANASTASIA AVE., UNIT #205**
CORAL GABLES, FLA. 33134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **PD**
1.3 STREET ADDRESS **MANIC, VLAD MIR**
1.4 CITY-ST-ZIP **411 ANASTASIA AVE., UNIT #405**
CORAL GABLES, FLA.

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **TSD**
2.3 STREET ADDRESS **MACEIRAS, ILIANA**
2.4 CITY-ST-ZIP **411 ANASTASIA AVE., UNIT #406**
CORAL GABLES, FLA. 33134

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **VPD**
3.3 STREET ADDRESS **RUSSO, CAROL**
3.4 CITY-ST-ZIP **411 ANASTASIA AVE., UNIT#302**
CORAL GABLES, FLA. 33134

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 119.07(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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02 25/99
(305) 774-5602

CR2E037 (11/98)