

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90084 002 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 719248 *or*

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	3. Date Incorporated or Qualified
21	26	09/02/1970
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
	27 #305	59-1446244
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28 Miami, Fla.	<b>\$8.75</b> Additional Fee Required
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24	29 33145	<b>\$5.00</b> May Be Added to Fees
Country	Country	
25	30 Dade	

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 <span style="float: right;">FL</span> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIDALGO, CARLOS	1.2 NAME	MANIC, VLAD MIR
STREET ADDRESS	411 ANASTASIA AVE., UNIT # 201	1.3 STREET ADDRESS	411 ANASTASIA AVE., UNIT #405
CITY-ST-ZIP	CORAL GABLES, FLA. 33134	1.4 CITY-ST-ZIP	CORAL GABLES, FLA.
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATIELO, THOMAS	2.2 NAME	MACEIRAS, ILIANA
STREET ADDRESS	P.O. BOX 248524	2.3 STREET ADDRESS	411 ANASTASIA AVE., UNIT #406
CITY-ST-ZIP	CORAL GABLES, FLA. 33134	2.4 CITY-ST-ZIP	CORAL GABLES, FLA. 33134
TITLE	DSD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANSON, JEANNE	3.2 NAME	RUSSO, CAROL
STREET ADDRESS	411 ANASTASIA AVE., UNIT #203	3.3 STREET ADDRESS	411 ANASTASIA AVE., UNIT#302
CITY-ST-ZIP	CORAL GABLES, FLA. 33134	3.4 CITY-ST-ZIP	CORAL GABLES, FLA. 33134
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSKOSKY, CAROLINA	4.2 NAME	
STREET ADDRESS	411 ANASTASIA AVE., UNIT#301	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FLA. 33134	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULL, ROSANA	5.2 NAME	
STREET ADDRESS	411 ANASTASIA AVE., UNIT #205	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FLA. 33134	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Walter Nowic* Date: 02 25/99  
 (305) 714-5602

CR2E037 (1/98)