2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719248

changed, or on an attachment with

1. Entity Name

ANASTASIA ROYAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

411 ANASTASIA AVENUE CORAL GABLES FL 33134 GRIFFIN REALTY, INC. 2050 CORAL WAY - #305 MIAMI FL 33145-2634

| 2. Principal P | Place of Business | 3. Mailing Address Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | |
|---------------------------------------|--|--|--|-----------|---------------------------------|----------------------------------|----------------------|---------------|---------------|
| Suite, Apt. | #, etc. | | | | | | | | |
| City & State | e | City & State | City & State | | | 4. FEI Number 59-1446244 | | | |
| Zip | Zip Country Zip | | | Country | | 5. Certificate of Status Desired | | | ditional d |
| - | 6. Name and Address of Currer | nt Registered Agent | | | 7. Name and Ad | dress of New R | egistered Ag | jent | |
| | | | | ne | | | | | |
| GRIFFIN R 2050 COR | REALTY, INC NAL WAY | Stre | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| #305 MIAMI FL | 33145 | | City | | | | FL | Zip Cod | e |
| SIGNATURE . | Signature, typed or printed name of registered age FILE NOW: FEE IS \$61.25 | ont and title if applicable (NO 9. Election Campain Trust Fund Contr | | , \$5. | 00 May Be ed to Fees | | DATE Check Partment | - | · |
| 10. | OFFICERS AND D | DIRECTORS | 11. | | ADDITIONS/CHAN | GES TO OFFICE | RS AND DIRE | CTORS IN | 110 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MANIC, VLAD MIR 411 ANASTASIA AVE - #405 CORAL GABLES FL 33134 | ■ Delete | TITLE NAME STREET ADDP CITY-ST-ZIP | ESS | | | · | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD MACEIRAS, ILIANA 411 ANASTASIA AVE - #406 CORAL GABLES FL 33134 | ☐ Delete | TITLE NAME STREET ADDR | ESS | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD RUSSO, CAROL 411 ANASTASIA AVE - #302 CORAL GABLES FL 33134 | Delete | NAME STREET ADDR | kus 4い | iso, car Anastas Ral Gabl | ol Ia rve. | ,#30Z | | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDR | VP. | | ANA NA ANE | , * 306 | ☐ Change > | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDF CITY-ST-ZIP | | | | | Change | Addition |
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12. 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 report or supplemental 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 10 or Block 11 if

Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90098 006 ****61.25

200101 10084 13000 18010 18010 10004 2010 01044 01051 01051 61016 61017 61017 61017 61017