
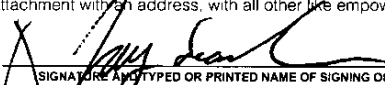


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90198 037 ****61.25

DOCUMENT # 719248 1. Entity Name ANASTASIA ROYAL CONDOMINIUM ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business 411 ANASTASIA AVENUE CORAL GABLES, FL 33134			Mailing Address GRIFFIN REALTY, INC. 2050 CORAL WAY - #305 MIAMI, FL 33145																																																																																																																																																		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																																																																																																																																																		
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																																		
City & State			City & State																																																																																																																																																		
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Country		Country		4. FEI Number 59-1446244																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																	
6. Name and Address of Current Registered Agent GRIFFIN REALTY, INC 2050 CORAL WAY #305 MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																																	
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																																																					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																	
Make check payable to Florida Department of State																																																																																																																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. 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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DIRECTOR</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>RUSSO, CAROL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>411 ANASTASIA AVE # 303</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FLA 33134</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DIRECTOR</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HORVATH, MIGUEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>411 ANASTASIA AVE # 306</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SECRETARY</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CARDENAS, ANNA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>411 ANASTASIA AVE, #302</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FLA 33134</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PRESIDENT</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SEARLE, JAY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>411 ANASTASIA AVE # 402</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FLA</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V.P.</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GONZALEZ, CHRISTINA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>411 ANASTASIA AVE., # 405</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL. 33134</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TREASURER</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PAVA PILAR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>411 ANASTASIA AVE #201</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> </table> </div> </div>						TITLE	STD	<input checked="" type="checkbox"/> Delete	NAME	RUSSO, CAROL		STREET ADDRESS	411 ANASTASIA AVE # 303		CITY-ST-ZIP	CORAL GABLES, FL 33134		TITLE	DP	<input checked="" type="checkbox"/> Delete	NAME	DI VIS, SARA		STREET ADDRESS	411 ANASTASIA AVE., #405		CITY-ST-ZIP	CORAL GABLES, FL 33134		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	PAVA, PILAR		STREET ADDRESS	411 ANASTASIA AVE #201		CITY-ST-ZIP	CORAL GABLES, FL 33134		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	RUSSO, CAROL		STREET ADDRESS	411 ANASTASIA AVE # 303		CITY-ST-ZIP	CORAL GABLES, FLA 33134		TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	HORVATH, MIGUEL		STREET ADDRESS	411 ANASTASIA AVE # 306		CITY-ST-ZIP	CORAL GABLES, FL 33134		TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	CARDENAS, ANNA		STREET ADDRESS	411 ANASTASIA AVE, #302		CITY-ST-ZIP	CORAL GABLES, FLA 33134		TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	SEARLE, JAY		STREET ADDRESS	411 ANASTASIA AVE # 402		CITY-ST-ZIP	CORAL GABLES, FLA		TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	GONZALEZ, CHRISTINA		STREET ADDRESS	411 ANASTASIA AVE., # 405		CITY-ST-ZIP	CORAL GABLES, FL. 33134		TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PAVA PILAR		STREET ADDRESS	411 ANASTASIA AVE #201		CITY-ST-ZIP	CORAL GABLES, FL 33134	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.																																																																																																																																																					
SIGNATURE:  <div style="float: right; text-align: right;"> 4/12/2007 Date </div> <div style="float: right; text-align: right;"> (305) 609-3860 Daytime Phone # </div> <div style="clear: both;"></div>																																																																																																																																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAY SEARLE, PRESIDENT																																																																																																																																																					

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