2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719248

FILED Apr 19, 2009 Secretary of State

Entity Name: ANASTASIA ROYAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 411 ANASTASIA AVENUE CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** GRIFFIN REALTY, INC 2050 CORAL WAY - #305 MIAMI, FL 33145 FEI Number: 59-1446244 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRIFFIN REALTY, INC 2050 CORAL WAY #305 MIAMI, FL 33145 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition RUSSO, CAROL RUSSO, CAROL Name: Name: 44 ANASTASIA AVE. #303 Address: 411 ANASTASIA AVE. #303 Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134 Title: () Delete Title: (X) Change () Addition Name: PAVA, PILAR Name: PAVA, PILAR Address: 411 ANASTASIA AVE #201 Address: 142 WOODMAN PICK AVE City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: LAS VEGAS, NV 89123 Title: () Delete Title: S,VP (X) Change () Addition CARDENAS, ANNA CARDENAS, ANNA Name: Name: 411 ANASTASIA AVE. #402 411 ANASTASIA AVE. #402 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134 Title: D () Delete Title: () Change () Addition JAY, SEARI Name: Name: 411 ANASTASIA AVE. #405 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: () Delete Title: () Change (X) Addition GONZALEZ, CHRISTINA Name: Name: 411 ANASTASIA AVE, # 406 Address: Address: City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINA GONZALEZ P 04/19/2009