## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 23, 2004 8:00 am **DOCUMENT # 720318** Secretary of State 1. Entity Name 02-23-2004 90063 027 \*\*\*\*61.25 PORT ROYALE CONDOMINIUM, INC. Principal Place of Business Mailing Address 6969 COLLINS AVENUE 6969 COLLINS AVENUE 94019274 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-1449993 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALACIOS, SANTIAGO Street Address (P.O. Box Number is Not Acceptable) 6969 COLLINS AVE MIAMI BEACH FL 33141 Zip Code 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** Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 11. X Addition TITLE ☐ Delete TITLE Ð ☐ Change PALACIOS, SANTIAGO F PEDRO L. RODRIGUEZ NAME NAME 6969 COLLINS AVE. STREET ADDRESS STREET ADDRESS 6969 COLLINS AVE MIAMI BEACH FL 33141 CITY-ST-7IP CITY-ST-ZIP <u>MIAMI BEACH FL 33141</u> D **⊠** Addition TITLE Delete TITLE ☐ Change RODRIGUEZ, FELIX NAME NAME CARLOS R. ACOSTA 6969 COLLINS AVE. STREET ADDRESS STREET ADDRESS 6969 COLLINS AVE MIAMI BEACH FL 33141 CITY - ST- ZIP CITY-ST-7IP MIAMI BEACH FL 33141 п TITLE Delete TITLE ☐ Change ■ Addition RAMIREZ, ESTHER NAME NAME 6969 COLLINS AVE. STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition FERNANDEZ, RAUL H NAME NAME 6969 COLLINS AVE STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition RODRIGUEZ, AMALIO NAME NAME 6969 COLLINS AVENUE STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition \* NAME CARLOS R. ACOSTA NAME STREET ADDRESS STREET ADDRESS 6969 COLLINS AVE CITY-ST-ZIP MIAMI BEACH FL 33141 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 eath; 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

FILED

SIGNATURE: 

AMALIO RODRIGUEZ: V 02-11-04 305 866 0759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Date

Date

Date

Date

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changed, or on an attachment with an address, with all other like empowered.