FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT #

726103

(5)

ROYAL PALMETTO CONDOMINIUM, INC.

| FILED | | | |
|--------|---------|----------|--|
| Jul 15 | 1998 | 8:00am | |
| Secr | etary (| of State | |

| 1101742 | TALMETTO COMBONIANO | 111) 114O | | A PROGRA KORIN TIRAN KARIN BARAN KARIN KARIN KARIN KARIN KARIN KARIN KARIN RAKAN RAKAN KARIN TARAN KARIN TARAN | |
|--|--|--|---|--|--|
| Principal Plac | e of Business | Mailing Address | | T FORMA NORTO AMENO DAIGH MAGNI GATOO MAA DIGAA GABAA GABAA GAGAA GAGAA AAAAA | |
| 6095 W. 19TH A | | 6095 W. 19TH AVENUE | | 3. Date Incorporated or Qualified | |
| HIALEAH FL 33 | 012 | HIALEAH FL 33012 | | 04/12/1973 | |
| | | | | 4. FEI Number Applied For | |
| 2 Dringing D | lace of Business | 2a. Mailing Address | | 59-1576976 Not Applicable | |
| 21 Philospai P | INCO DI DUSINOSS | 26 Walling Address | | 5. Certificate of Status Desired | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | - | 6. Election Campaign Financing \$5.00 May Be | |
| 22 | | 27 | | Trust Fund Contribution Added to Fees | |
| City & State | θ | City & State | | 7. Is this nonprofit corporation a horzeowners association? | |
| 23 | Country | 28 7in | T. Carlanda | ▼ Yes □ No | |
| Zip | Country 25 | Zip 29 | Country 30 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| 24 | 9. Name and Address of Curre | | 1301 | 10. Name and Address of New Registered Agent | |
| | - | | 81, | Carral Cocarans | |
| 'A M A M | IANAGEMENT SERVICES INC | | uel one | WITH COCOUNTS. | |
| | RAL WAY, SUITE 308 | | \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | oral w ly the Crops | |
| _MIAMI FL | | | ba | | |
| , | ; • | | 84 City | 85 Zip Cpd, r | |
| | - | | | TTUSTECH FL 33014 | |
| office or r | to the provisions of Sections 617.05 eg is tered agent, of both, in the Stat | 002 and 617.1508, Florida Statut le of Florida. Such change was : | ies, the above-named authorized by the cor | d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered | |
| agent. I a | m familiar with, and accept the obli | gations of Section 617.0503, Fi | orida Statutes. | 1)0.0 | |
| SIGNATURE . | Signature, typeu or ported name of registered a | hand fill if applicable (NOT | E: Registered Agent signature | re required when (sineiging) | |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | VP U | L_ DELETE | 1.1 TITLE | Juan A. Alvarez Change Maddition | |
| NAME | HERNANDEZ, IRMINA | | 1.2 NAME | | |
| STREET ADDRESS | 60 95 WEST 19TH AVE APT : | 215 | 1.3 STREET ADDRESS | 1232 M 12 CONE OH # 414 | |
| CITY-ST-ZIP | HIALEAH FL | | 1.4 CITY-ST-ZIP | trateal, Fl 33012 | |
| TITLE | VP | ▼ DELETE | 2.1 TITLE | Bertha L. Blyansz Change Maddition | |
| NAME | HERNANDEZ, HERMINA | - A4F | 2.2 NAME | | |
| STREET ADDRESS | 6095 WEST 19TH AVE., APT | . 215 | 2.3 STREET ADDRESS | 1095 W 19 606, OH # 302 | |
| CITY-ST-ZIP TITLE | MALEAH FL 33012 ST | DELETE | 2.4 CITY - ST - ZIP 3.1 TITLE | Change Maddition | |
| NAME | O'FARRIL, CARIDAD | _ | 3.2 NAME | Roberts about | |
| STREET ADDRESS | 6095 WEST 19TH AVE., APT | . 210 | 3.3 STREET ADDRESS | 15095 W 19 COS CEPT #309 | |
| CITY-ST-ZIP | MALEAH FL | 1 | 3 4. CITY - ST - ZIP | Hideely, Fl. 33012 | |
| TITLE | Ō | DELETE | 4.1 TITLE | Change Addition | |
| NAME | CASTOW, ANA | | 4. 2 NAME | AlbaLeon | |
| STREET ADDRESS | 609 5 WEST 19TH AVE #310 | | 4.3 STREET ADDRESS | 6095 W 15 Cons # 301 Huley, F/ 33012 | |
| CITY-ST-ZIP | HALEAH FL | □ pereze | 4.4 CITY - ST - ZIP | | |
| TITLE | D CADIDAD | ☐ DELETE | 5.1 TITLE 5.2 NAME | Change Addition | |
| NAME CENTET ADDRESS | O 'FARRIL, CARIDAD 609 5 West 19th ave apt 2 | 210 | | | |
| STREET ADDRESS | HALEAH FL | LIV | 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | |
| CITY-ST-ZIP TITLE | D BALLAN FL | DELETE | 6.1 TITLE | Change Addition | |
| NAME | DEL. POZO V | - | 6.2 NAME | | |
| STREET ADDRESS | 6095 WEST 19TH AVE APT | 420 | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH FL | | 6.4 CITY - ST - ZIP | | |
| 14. I hereby c | certify that the information supplied | with this filing does not qualify for | or the exemption state | led 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. | | | | | |