

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 769730 (3)**  
1. Corporation Name  
**ROYAL OAKS HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business <b>C/O R. O. LOVELL 1498 WEST 84TH STREET HIALEAH FL 33014</b>	Mailing Address <b>C/O R. O. LOVELL 1498 WEST 84TH STREET HIALEAH FL 33014</b>
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3. Date Incorporated or Qualified <b>07/19/1983</b>
4. FEI Number <b>65-0028506</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>8004 NW 154 Street</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>8004 NW 154 Street</b> Suite, Apt. #, etc.
22 <b>Box 121</b> City & State	27 <b>Box 121</b> City & State
23 <b>Miami Lakes, FL</b> Zip Country	28 <b>Miami Lakes, FL</b> Zip Country
24 <b>33016</b>	29 <b>U.S.A.</b>
25 <b>U.S.A.</b>	30 <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**LOVELL, R. O.  
1498 WEST 84TH STREET  
HIALEAH FL 33014**

10. Name and Address of New Registered Agent

81 Name <b>Braulio Ortiz</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>8004 NW 154 Street, Box 121</b>
83
84 City <b>Miami Lakes, FL</b>
85 Zip Code <b>33016</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/6/98**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LOVELL, R. O. 7545 WEST 20TH AVE. HIALEAH FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HAMKER, SHIRLEY 1498 W. 84 STREET HIALEAH FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WHITE, VALERIE 1498 WEST 84TH STREET HIALEAH FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TV LOVELL, ROSE A. 1498 WEST 84TH STREET HIALEAH FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P/D Braulio Ortiz 16822 NW 83 Ave. Miami Lakes, FL 33016</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VP/D Jorge Napoles 16790 NW 83 Place Miami Lakes, FL 33016</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>T/D Thomas Aponte 8031 NW 166 Street Miami Lakes, FL 33016</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>S/D Hector Aleman 8442 NW 166 Terr Miami Lakes, FL 33016</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D Herminio Lorenzo 7950 NW 166 Street Miami Lakes, FL 33016</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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.

SIGNATURE: *[Signature]* DATE: **3/13/98** **442-5160**

CR2E037 (10/97)