

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 769730
 1. Corporation Name
ROYAL OAKS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business: **c/o Year Round Management, P. O. Box 2703, Hialeah, FL 33012**
 Mailing Address: **Same**

2. Principal Place of Business: **P. O. Box 2703, Hialeah, Florida, 33012, USA**
 2a. Mailing Address: **SAME**

3. Date Incorporated or Qualified: **07/19/1983**
 4. FEI Number: **65-0028506**

5. Certificate of Status Desired: Applied For, Not Applicable
 6. Election Campaign Financing Trust Fund Contribution: **\$8.75** Additional Fee Required, **\$5.00** May Be Added to Fees

10. Name and Address of New Registered Agent:
 81 Name: **Year Round Management Co.**
 82 Street Address (P.O. Box Number is Not Acceptable): **8431 Dundee Terrace**
 83 City: **Miami Lakes**
 84 Zip: **33016**

9. Name and Address of Current Registered Agent:
 Braulio Ortiz
 8004 NW 154th Street
 Miami Lakes, FL 33016

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]* **President (Yolita Carrascal)** 02/20/99
(NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President XX DELETE	11 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Braulio Ortiz	12 NAME	Roberto Alonso D
STREET ADDRESS	16822 NW 83rd Ave Miami, FL 33016	13 STREET ADDRESS	16502 NW 82 Place D
CITY-ST-ZIP	Miami, FL 33016	14 CITY-ST-ZIP	Miami, FL 33016
TITLE	Vice President XX DELETE	21 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jorge Napoles	22 NAME	Danilo Bosch D
STREET ADDRESS	16790 NW 83rd Place	23 STREET ADDRESS	16204 NW 82 Place D
CITY-ST-ZIP	Miami, FL 33016	24 CITY-ST-ZIP	Miami, FL 33016
TITLE	Treasurer XX DELETE	31 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Aponte	32 NAME	Felipe Diez D
STREET ADDRESS	8031 NW 166 Street	33 STREET ADDRESS	16902 NW 83 Avenue Miami, FL 33016 D
CITY-ST-ZIP	Miami, FL 33016	34 CITY-ST-ZIP	Miami, FL 33016
TITLE	Secretary XX DELETE	41 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hector Aleman	42 NAME	Odalys Horta
STREET ADDRESS	8442 NW 166th Terrace Miami, FL 33016	43 STREET ADDRESS	8250 NW 165 Terrace
CITY-ST-ZIP	Miami, FL 33016	44 CITY-ST-ZIP	Miami, FL 33016
TITLE	Director XX DELETE	51 TITLE	Treasury <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herminio Lorenzo	52 NAME	Robert Riegel D
STREET ADDRESS	7950 NW 166 Street	53 STREET ADDRESS	8012 NW 164th Terrace Miami, FL 33016 D
CITY-ST-ZIP	Miami, FL 33016	54 CITY-ST-ZIP	Miami, FL 33016
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 with all other like empowered.

SIGNATURE: *[Signature]* **President ROHA** 2/15/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-362-9362
 305-537-9008
Daytime Phone #

CR2E037 (11/98)