

**2004 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

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



FILED
 04 JUN 25 PM 1:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 8053 NW 155 ST.
 HIALEAH, FL 33016 US

Mailing Address
 8053 NW 155 ST.
 HIALEAH, FL 33016 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

05242004 Chg-NP CR2E037 (10/03) *ta*

4. FEI Number
 65-0028506 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 YEAR ROUND MANAGEMENT CO.
 8053 NW 155 ST.
 MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 100038414171
 06/29/04--01021--005 **\$61.25
 FL 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<i>SD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER, ANON A		NAME	Walter Anon	
STREET ADDRESS	8220 NW 168TH STREET		STREET ADDRESS	8220 NW 168th Street	
CITY-ST-ZIP	MIAMI, FL 33016		CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<i>TD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGOLLA, ELSA		NAME	Elsa Bergolla	
STREET ADDRESS	8014 NW 163 TERR.		STREET ADDRESS	8014 NW 163rd Terrace	
CITY-ST-ZIP	MIAMI, FL 33016		CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<i>P</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELAEZ, PEDRO JR		NAME	Pedro Pelaez Jr.	
STREET ADDRESS	16329 NW 84TH AVE		STREET ADDRESS	16329 NW 84th Avenue	
CITY-ST-ZIP	MIAMI, FL 33016		CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<i>VP</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, BRAULIO		NAME	Braulio Ortiz	
STREET ADDRESS	16822 NW 83TH AVE		STREET ADDRESS	16822 NW 83rd Avenue	
CITY-ST-ZIP	MIAMI, FL 33016		CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ESTEBAN		NAME	Esteban Rodriguez	
STREET ADDRESS	16451 NW 84TH AVE		STREET ADDRESS	16451 NW 84th Avenue	
CITY-ST-ZIP	MIAMI, FL 33016		CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* _____ DATE: *6/19/04* DAYTIME PHONE #: *305-833-9999*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR