


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

| | | | | | |
|--|------------------------------------|--|--|--|-------------|
| DOCUMENT # 769730 | | | |  | |
| 1. Entity Name ROYAL OAKS HOMEOWNER'S ASSOCIATION, INC. | | | | | |
| 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 | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0028506 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| YEAR ROUND MANAGEMENT CO. 8053 NW 155 ST. MIAMI LAKES, FL 33016 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | 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 _____ (NOTE: Registered Agent signature required when rechartering) _____ DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | SD <input type="checkbox"/> Delete | TITLE | 400000420278 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ANON, WALTER | NAME | 02/15/06-80047-011 61.25 | | |
| STREET ADDRESS | 8220 NW 168TH STREET | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI LAKES, FL 33016 | CITY-ST-ZIP | | | |
| TITLE | TD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BERGOLLA, ELSA | NAME | | | |
| STREET ADDRESS | 8014 NW 163 TERR. | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI LAKES, FL 33016 | CITY-ST-ZIP | | | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | PELAEZ, PEDRO JR | NAME | | | |
| STREET ADDRESS | 16329 NW 84TH AVE | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI LAKES, FL 33016 | CITY-ST-ZIP | | | |
| TITLE | VP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ROBERTO, ALONSO | NAME | | | |
| STREET ADDRESS | 16502 NW 82N PLACE | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI LAKES, FL 33016 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | RODRIGUEZ, ESTEBAN | NAME | | | |
| STREET ADDRESS | 16451 NW 84TH AVE | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI LAKES, FL 33016 | CITY-ST-ZIP | | | |
| 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 exemptions contained in Chapter 119, 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: _____ | | PAES. | | 02/06/06 305-557-9008 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |