

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90303 036 ****61.25

UBR0173

DOCUMENT # 769730

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



Principal Place of Business Mailing Address

PO BOX 22703 PO BOX 22763
HIALEAH FL 33012 HIALEAH FL 33002
US US



2. Principal Place of Business 3. Mailing Address

8053 NW 155 ST **8053 NW 155 ST**

Suite, Apt. #, etc. Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State City & State

Miami Lakes FL **MIAMI LAKES, FL**

Zip Country Zip Country

33016 **U.S.A** **33016** **U.S.A.**

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.
8431 DUNDEE TERRACE
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

Name
Year Round MANAGEMENT Co

Street Address (P.O. Box Number is Not Acceptable)
8053 NW 155 ST

City **MIAMI LAKES** FL Zip Code **33016**

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 *[Signature]* DATE **04/09/03**

(Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

FILE NOW: FEE 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

TITLE	P	<input type="checkbox"/> Delete
NAME	WALTER, ANON A	
STREET ADDRESS	8220 NW 168TH STREET	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGOLLA, ELSA	
STREET ADDRESS	8414 NW 162 TERR	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELAEZ, PEDRO JR	
STREET ADDRESS	16329 NW 84TH AVE	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ORTIZ, BRAULIO	
STREET ADDRESS	16822 NW 83TH AVE	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ESTEBAN	
STREET ADDRESS	16451 NW 84TH AVE	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bergolla, Elsa	
STREET ADDRESS	8014 N.W. 163 TERR.	
CITY-ST-ZIP	MIAMI, FLA. 33016	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pelaez Pedro Jr.	
STREET ADDRESS	16329 NW 84th AVE	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 **4/16/03** **305-377-0653**

CR2E037 (10/02)