

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

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90047 022 ****70.00

DOCUMENT # N20145

1. Entity Name

PLACE ROYALE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**15600 SW 288 ST 406
HOMESTEAD FL 33033
US**

Mailing Address

**% HARBOR MANAGEMENT SRV
PO BOX 924176
MIAMI FL 33092
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 **65-0008724**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOODMAN-GUENTHER, JOYCE
10723 SW 104TH ST
MIAMI FL 33176**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Delete
NAME **ROSKIND, JUDY**
STREET ADDRESS **14229 SW 97TH TERR**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **Mike Knost** ☐ Change ☒ Addition
NAME **14258 SW 97 Terrace**
STREET ADDRESS **Miami FL 33186**
CITY-ST-ZIP **"DIRECTOR"**

TITLE **D** ☐ Delete
NAME **CICCARONE, JOE**
STREET ADDRESS **14240 SW 97 TERR**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **ARMANDO Rey**
STREET ADDRESS **14240 SW 97 TERR**
CITY-ST-ZIP **Miami FL 33186**

TITLE **P** ☒ Delete
NAME **LONG, DONALD**
STREET ADDRESS **14240 SW 96 TERR**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STARR, JOAN**
STREET ADDRESS **14250 SW 96TH TR**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **ARMANDO, REY**
STREET ADDRESS **14240 SW 97 TERR**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LEIGH, MARGUERITE**
STREET ADDRESS **9623 SW 142ND CT**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ 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 REQUIRED

CR2E037 (10/02)