## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Mailing Address 1953 THE STRITCH 1953 THE STRITCH 1953 THE STRITCH 1953 THE STRITCH 1954 SIRRID 1954	. Entity Nam POINCIA!	MENT # N97000000 NA ROYALE VILLAS COND ITION, INC.			2006 OCT -3 AM II: 11		
Salto, Apt. 6, vic.  Salto, Ap	<del>7953 NW 53RD ST</del> 7 <del>953 NW 53RD S</del> T			- Constant	_	SECRETARY OF STAT	E
Signature   Applied For   Appl	512-75	32 W. 20 Ave	PO BOX 65	73637	THE RESIDENCE OF THE PROPERTY		
33016 Courty S 33265 Cought \$ 8. Constitute Desired \$ \$1.75 Additional Fee Programmed \$ 8. Name and Additions of Current Registered Agent	City & State	E(	Situa State	t/	4. FEI Number	Applie	
Name   Na	3301	6 Country S	<del></del>	Couptry		shie Desired S8.75 Addition	·
The above named entity submits of state propose of changing its registered office or registered agent, or both, in the State of Fonda. I am familiar with, and accept one obligations of registered agent or both, in the State of Fonda. I am familiar with, and accept one obligations of registered agent or both, in the State of Fonda. I am familiar with, and accept one obligations of registered agent or both, in the State of Fonda. I am familiar with, and accept one of registered agent or both, in the State of Fonda. I am familiar with, and accept one of registered agent, or both, in the State of Fonda. I am familiar with, and accept one of registered agent, or both, in the State of Fonda. I am familiar with, and accept one of registered agent, or both, in the State of Fonda. I am familiar with, and accept one of registered agent, or both, in the State of Fonda. I am familiar with, and accept one of registered agent, or both, in the State of Fonda. I am familiar with, and accept one of registered agent, or both, in the State of Fonda. I am familiar with, and accept one of registered agent, or both, in the State of Fonda. I am familiar with, and accept one of registered agent, or both, in the State of Fonda. I am familiar with, and accept the state of Fonda. I am familiar with, and accept the state of Fonda. I am familiar with, and accept the state of Fonda Addition.    FO.	7 <del>933 NW S</del>	ROBERT A SR SRD ST	Registered Agent	Street Address 19 U	Ritza B	struct # 700	tis
Amended AR is \$61.25  Trust Fund Contribution. Added to Fees Flortda Department of State  O. OFFICERS AND DIRECTORS  III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  REPAD. IIII. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  REPAD. IIII. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  REPAD. IIII. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  REPAD. IIII. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  REPAD. IIII. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  REPAD. IIII. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  REPAD. IIII. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  REPAD. IIII. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  REPAD. IIII. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  REPAD. IIII. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  REPAD. IIII. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  REPAD. IIII. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  REPAD. IIII. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  REPAD. IIII. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  REPAD. IIII. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  REPAD. IIII. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  REPAD. IIII. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  REPAD. IIII. ADDITIONS/CHANGES TO OFFICERS AND TREE ADDRESS CITY-ST-2P  REPAD. IIII. ADDRESS	the obligati	ions of registered 3/4/4					d accept
THE REPLACES. TOTAL AND SHEET ADDRESS OTY-ST-ZP HALEAH, PC-33016 THE NAME PEPERZ, JOSUE M PSEZ J		Amended AR is \$61.25			40.00 may 00		
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AME TREET ADDRESS TRY-SI-ZIP THE TREET ADDRESS TRY-SI-ZIP  2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, Florida Statutes. I further certify that the information indicated on this report or supplementation provided and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the receive for trusting 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 attachmost with an address, with all other like empowered.  SIGNATURE:  **GREATADDRESS** **GREATADDRESS** **CITY-SI-ZIP **TOTAL TRY **TO	AME TREET ADDRESS		☐ Delete	NAME STREET ADDRESS	÷	☐ Change 〔	Addition
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INVESTIGNATURE:  NAME STREET ADDRESS 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 eport 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 receives of trustle 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  Dayline Phone #	AME Treet adoress		☐ Delete	NAME STREET ADDRESS		Change [	Addition
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Biglick/fürle and typed on printed name of signing officer or director Date Date Dayline Phone #	12. I hereby of indicated of the cor changed,	on this report or supplemental report is poration or the receiver of trustile empor, or on an attachment with an address, or on an attachment with an address.	true and accurate and that swered to execute this repor	or the exemptions contain my signature shall have the	ne same legal effect as	if made under oath; that I am an officer or	director
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