

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90217 025 ****61.25

DOCUMENT # 720318

1. Entity Name

PORT ROYALE CONDOMINIUM, INC.



Principal Place of Business

6969 COLLINS AVENUE
OFFICE
MIAMI BEACH FL 33141
US

Mailing Address

6969 COLLINS AVENUE
OFFICE
MIAMI BEACH FL 33141
US

50019100



1st MOORE

CR2E037 (10/04)

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

59-1449993

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

PALACIOS, SANTIAGO
6969 COLLINS AVE
MIAMI BEACH FL 33141

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
Due By May 1, 2005

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 ☐ Delete
NAME PALACIOS, SANTIAGO F
STREET ADDRESS 6969 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL 33141

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

TITLE VD ☐ Delete
NAME RODRIGUEZ, FELIX
STREET ADDRESS 6969 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL 33141

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

TITLE D ☐ Delete
NAME RAMIREZ, ESTHER
STREET ADDRESS 6969 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL 33141

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

TITLE TD ☐ Delete
NAME FERNANDEZ, RAUL H
STREET ADDRESS 6969 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 33141

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

TITLE VD ☒ Delete
NAME RODRIGUEZ, AMALIO
STREET ADDRESS 6969 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE D ☐ Change ☒ Addition
NAME Eduardo Cabanas
STREET ADDRESS 6969 Collins Ave
CITY-ST-ZIP Miami Beach, Fl. 33141

TITLE SD ☐ Delete
NAME ACOSTA, CARLOS R
STREET ADDRESS 6969 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE D ☐ Change ☒ Addition
NAME Pedro Rodriguez
STREET ADDRESS 6969 Collins Ave
CITY-ST-ZIP Miami Beach Fl. 33141

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05

Date

305-866-0759

Daytime Phone #