2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

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TITLE _

NAME

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TITLE

NAME

FILED Mar 14, 2005 8:00 am Secretary of State

Addition

Change

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___ Change Addition

DOCUMENT # N0300003744 1. Entity Name ROYAL GRIFFIN ESTATES HOMEOWNERS ASSOCIATION, INC.						03	3-14-2005 90078	050 ****61	.25
Principal Place 9240 S.W. 72 MIAMI, FL 33	ND STREET		Mailing Address 9240 S.W. 72ND STREET STE 216 MIAMI, FL 33173					11 24 2 1 1221	
Principal Place of Business . 3. Mailing Address									
300 ARAGON AVE			300 ARAGON AVE				88 MILE 18831 BJB11 BLB1	ICI VI LIVI	
Suite, Apt. #, etc. 210			Suite, Apt. #, etc.		03032005 Ch	ng-NP CR2	E037 (10/03)		
City & State CORDI GABLOS FL			CONAL GABLES, H.		4.	4. FEI Number 20-054427	6	<u> </u>	plied For Applicable
Zip 33/	34	Country	Zip 33134	Country		5. Certificate of Sta	atus Desired	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent							ress of New Register	ed Agent	
SARMIENTO, ANTONIO					-S	KRLD,	Inc -		
9240 S.W. 72ND STREET STE 216					Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33173								 :,,	
					201 ALHAMBRA CIRCLE # 1102				
			AL GABL	.or 1	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									
O THE ADOVE	the obligations of registered agent.								
			the purpose of changing its	registered office	or registe	red agent, or both, in	the State of Florida. I	am familiar with,	
the obligati			the purpose of changing its	registered office	or registe	red agent, or both, in	the State of Florida. I	am familiar with,	
the obligati	ions of regis	tered agent.	oscie R	RIVER	4>	V-PRES.	3-9	am famillar with,	
the obligati	ions of regis		d title if applicable. (NOT	PIVEL: Registered Agent sig	1 nature required	V. PRES	3-9	-05	and accept
the obligati	Signature, typed	tered agent. To printed hame of registered agent an	o title if applicable. (NOT	E: Registered Agent sig	nature required	d when reinstating) \$5.00 May Be	3-9 Make ch	- 05	and accept
the obligati	Signature, typed	fered agent. To printed name of registered agent and the is \$61.25 May 1, 2005	9. Election Car Trust Fund (E: Registered Agent sign mpaign Financing Contribution.	nature requirer	d when reinstating) Or 5° \$5.00 May Be Added to Fees	3-9 Make ch Florida De	- O.5 reck payable to partment of St	and accept
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SIGNATURE: DALLEWE O'BONNEW, Set 3-10-05 954-680 481)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date Designer Proper 8

^{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 legial 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 affachment with an address, with all other like empowered.