



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-14-2005 90078 050 \*\*\*\*61.25

<b>DOCUMENT # N03000003744</b>					
<b>1. Entity Name</b> ROYAL GRIFFIN ESTATES HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 9240 S.W. 72ND STREET STE 216 MIAMI, FL 33173			<b>Mailing Address</b> 9240 S.W. 72ND STREET STE 216 MIAMI, FL 33173		
<b>2. Principal Place of Business</b> 300 ARAGON AVE Suite, Apt. #, etc. 210 City & State CORAL GABLES, FL Zip 33134 Country		<b>3. Mailing Address</b> 300 ARAGON AVE Suite, Apt. #, etc. 210 City & State CORAL GABLES, FL Zip 33134 Country			
03032005    Chg-NP    CR2E037 (10/03)				<b>4. FEI Number</b> 20-0544276	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SARMIENTO, ANTONIO 9240 S.W. 72ND STREET STE 216 MIAMI, FL 33173			<b>7. Name and Address of New Registered Agent</b> Name: SKRLD, INC Street Address (P.O. Box Number is Not Acceptable): 201 ALHAMBRA CIRCLE # 1102 City: CORAL GABLES, FL    Zip Code: 33134		
<b>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.</b> SIGNATURE: <u>Oscar R. Rivera</u> OSCAR R. RIVERA    V. PRES.    3-9-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DP <b>NAME</b> SARMIENTO, ANTONIO <b>STREET ADDRESS</b> 9240 S.W. 72ND STREET STE 216 <b>CITY-ST-ZIP</b> MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PRESIDENT <b>NAME</b> DAVID COTTON <b>STREET ADDRESS</b> 11867 SW 47th Street <b>CITY-ST-ZIP</b> COOPER City, FL 33330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DV <b>NAME</b> POU, ANTONIO <b>STREET ADDRESS</b> 9240 S.W. 72ND STREET STE 216 <b>CITY-ST-ZIP</b> MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> V.P. <b>NAME</b> CHRISTOPHER J. CHOUSE <b>STREET ADDRESS</b> 11852 SW 47th Street <b>CITY-ST-ZIP</b> COOPER City, FL 33330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DST <b>NAME</b> URIBARRI, JUAN C <b>STREET ADDRESS</b> 9240 S.W. 72ND STREET STE 216 <b>CITY-ST-ZIP</b> MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Sec <b>NAME</b> DARLENE O'DONNELL <b>STREET ADDRESS</b> 11909 SW 47th Street <b>CITY-ST-ZIP</b> COOPER City, FL 33330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>DARLENE O'DONNELL</u> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>			3-10-05    954-680 4816 <small>Date    Daytime Phone #</small>		