

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715519

**Entity Name:** ROYAL MARINER OF FORT LAUDERDALE, INC.**Current Principal Place of Business:**3100 NE 49TH STREET  
#409  
FT LAUDERDALE, FL 33308**Current Mailing Address:**3100 NE 49TH STREET  
#409  
FT LAUDERDALE, FL 33308 US**FEI Number:** 59-1312749**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KOPELOWITZ OSTROW, P.A.  
200 EAST PALMETTO PARK ROAD  
SUITE 103  
BOCA RATON, FL 33432 US*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.***SIGNATURE:** JOSHUA D. KRUT

03/04/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BAJIC, PETER  
Address        3100 NE 49TH STREET,  
                    606  
City-State-Zip: FT. LAUDERDALE FL 33308

Title            DIRECTOR  
Name            LOMBARDI, LUCILLE  
Address        3100 NE 49 ST, #809  
                    205  
City-State-Zip: FT LAUDERDALE FL 33308

Title            SECRETARY  
Name            WALL, JEAN  
Address        3100 NE 49TH STREET,  
                    101  
City-State-Zip: FT LAUDERDALE FL 33308

Title            TREASURER  
Name            LOPREIATO, GEORGIA  
Address        3100 NE 49TH ST.  
                    105  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            DIRECTOR  
Name            POLLIO, MICHAEL  
Address        3100 NE 49 ST,  
                    901  
City-State-Zip: FT LAUDERDALE FL 33308

Title            VP  
Name            SUNDAY, DANIEL  
Address        3100 NE 49 STREET  
                    1006  
City-State-Zip: FORT LAUDERDALE FL 33308

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER BAJIC**OFFICE ADMINISTRATOR** 03/04/2020

Electronic Signature of Signing Officer/Director Detail

Date