#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# 720318

Entity Name: PORT ROYALE CONDOMINIUM, INC.

## **Current Principal Place of Business:**

6969 COLLINS AVENUE OFFICE MIAMI BEACH, FL 33141

## **Current Mailing Address:**

6969 COLLINS AVENUE OFFICE MIAMI BEACH, FL 33141 US

### FEI Number: 59-1449993

### Name and Address of Current Registered Agent:

SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134 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:

Electronic Signature of Registered Agent

### Officer/Director Detail :

| Title           | Ρ                    | Title           | VP                   |  |
|-----------------|----------------------|-----------------|----------------------|--|
| Name            | PERNAS, MANUEL C     | Name            | RODRIGUEZ, FELIX     |  |
| Address         | 6969 COLLINS AVE.    | Address         | 6969 COLLINS AVE.    |  |
| City-State-Zip: | MIAMI BEACH FL 33141 | City-State-Zip: | MIAMI BEACH FL 33141 |  |
|                 |                      |                 |                      |  |
| Title           | Т                    | Title           | S                    |  |
| Name            | D'ANNUNZIO, ELINA    | Name            | RAMIREZ, ARNALDO     |  |
| Address         | 6969 COLLINS AVE.    | Address         | 6969 COLLINS AVE     |  |
| City-State-Zip: | MIAMI BEACH FL 33141 | City-State-Zip: | MIAMI BEACH FL 33141 |  |
|                 |                      |                 |                      |  |
| Title           | D                    |                 |                      |  |
| Name            | GARCIA, MARIA C      |                 |                      |  |
| Address         | 6969 COLLINS AVE     |                 |                      |  |
|                 |                      |                 |                      |  |

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.

PRESIDENT

## SIGNATURE: MANUEL C PERNAS

City-State-Zip: MIAMI BEACH FL 33141

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 08, 2019 Secretary of State 1207921340CC

Certificate of Status Desired: Yes

Date