

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 737893

Entity Name: ROYAL OAKS CONDOMINIUM ASSOCIATION OF NORTH MIAMI
BEACH, INC.

FILED
May 25, 2018
Secretary of State
CC3704858558

Current Principal Place of Business:

441 N.E. 195TH ST.
MIAMI, FL 33173

Current Mailing Address:

C/O TRUST MANAGEMENT SERVICES GROUP
8051 W 24TH AVE SUITE 10
HIALEAH, FL 33016 US

FEI Number: 59-1718855

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICHARD ALAN ALAYON, ESQ.
135 SAN LORENZO AVENUE
SUITE 820
CORAL GABLES, FL 33146 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: RICHARD ALAN ALAYON,

05/25/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SOTOLONGO, PEDRO
Address C/O TRUST MANAGEMENT SERVICES
GROUP
8051 W 24TH AVE SUITE 10
City-State-Zip: HIALEAH FL 33016

Title DIRECTOR
Name GUILLET, SANDRA
Address C/O TRUST MANAGEMENT SERVICES
GROUP
8051 W 24TH AVE SUITE 10
City-State-Zip: HIALEAH FL 33016

Title DIRECTOR
Name BILOUS, VASYL
Address C/O TRUST MGT SERVICES GROUP
8051 WEST 24TH AVE 10
City-State-Zip: HIALEAH FL 33016

Title SECRETARY
Name FORMAN, IRA
Address C/O TRUST MANAGEMENT SERVICES
GROUP
8051 W 24TH AVE SUITE 10
City-State-Zip: HIALEAH FL 33016

Title VP
Name CLAUDIO, SONIA
Address C/O TRUST MANAGEMENT SERVICES
GROUP
8051 W 24TH AVE SUITE 10
City-State-Zip: HIALEAH FL 33016

Title TREASURER
Name BAZHENOVA, NATALIA
Address C/O TRUST MGT SERVICES GROUP
8051 WEST 24TH AVE 10
City-State-Zip: HIALEAH FL 33016

Title DIRECTOR
Name RODARTE, AL
Address C/O TRUST MANAGEMENT SERVICES
GROUP
8051 W 24TH AVE SUITE 10
City-State-Zip: HIALEAH FL 33016

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: SOTOLONGO , PEDRO

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05/25/2018

