

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90079 040 ****61.25

DOCUMENT # 715026

1. Corporation Name

ROYAL BAHAMIAN ASSOCIATION, INC.

Principal Place of Business

14275 SW 142 AVENUE
C/O MIAMI MGMT INC
MIAMI FL 33186

Mailing Address

14275 SW 142 AVENUE
C/O MIAMI MGMT INC
MIAMI FL 33186



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

07/29/1968

4. FEI Number

59-1224627

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WILNER, BRENDA
1075 N.E. MIAMI GARDEN DRIVE
N. MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WILNER, BRENDA
STREET ADDRESS 1075 NE MIAMI GARDENS DR 703W
CITY-ST-ZIP N MIAMI BEACH FL 33179

TITLE VP ☐ DELETE

NAME FEINSMITH, ESTHER
STREET ADDRESS 1075 NE MIAMI GARDENS DR 209E
CITY-ST-ZIP N MIAMI BEACH FL 33179

TITLE SD ☒ DELETE

NAME ARNOLD, MIKKI
STREET ADDRESS 1075 NE MIAMI GARDENS DR 707E
CITY-ST-ZIP N MIAMI BEACH FL 33179

TITLE TD ☐ DELETE

NAME GOLDMAN, SHIELA
STREET ADDRESS 1075 NE MIAMI GARDENS DR 301W
CITY-ST-ZIP N MIAMI BEACH FL 33179

TITLE D ☐ DELETE

NAME FRUMOVITZ, RUTH
STREET ADDRESS 1075 NE MIAMI GARDENS DR 610E
CITY-ST-ZIP N MIAMI BEACH FL 33179

TITLE D ☐ DELETE

NAME CUTLER, BETTY
STREET ADDRESS 1075 NE MIAMI GARDENS DR 102E
CITY-ST-ZIP N MIAMI BEACH FL 33179

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)