

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 715026**



1. Entity 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

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

02102004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1224627**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACE, MARILYN  
1175 NE MAIMI GARDENS DR  
UNIT 805E  
MIAMI, FL 33179**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

T ☐ Delete  
NAME **JOSEPH, ADA**  
STREET ADDRESS **1075 NE MIAMI GARDENS DR #806**  
CITY-ST-ZIP **MIAMI, FL 33179**

S ☐ Delete  
NAME **MACE, MARILYN**  
STREET ADDRESS **1175 NE MIAMI GARDENS DR #805E**  
CITY-ST-ZIP **N MIAMI BEACH, FL 33179**

VP ☐ Delete  
NAME **FRUMOVITZ, RUTH**  
STREET ADDRESS **1175 NE MIAMI GARDENS DR #610E**  
CITY-ST-ZIP **N MIAMI BEACH, FL 33179**

P ☐ Delete  
NAME **KLEIN, ROBERT**  
STREET ADDRESS **1075 NE MIAMI GARDENS DR #303W**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

D ☐ Delete  
NAME **MILLER, MABEL**  
STREET ADDRESS **1175 NE MIAMI GARDENS DR #610E**  
CITY-ST-ZIP **N MIAMI BEACH, FL 33179**

D ☐ Delete  
NAME **AYBER, MIKE**  
STREET ADDRESS **1075 NE MIAMI GARDENS DR #206W**  
CITY-ST-ZIP **MIAMI, FL 33179**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
U000000146175  
05/03/04-80055-009 61.25

☐ Change ☐ Addition

☐ Change ☐ Addition

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MARILYN MACE**

**04-16-04 (305) 949-5286**