

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719782

FILED
Mar 28, 2009
Secretary of State

Entity Name: ROYALE GREEN LAGOON HOMEOWNERS' ASSOCIATION NO.2. INC.

Current Principal Place of Business:

11540 SW 142 PL
11540 SW 1422 PLACE
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

C/O OLYMPIA FUERTH
PO BOX 160188
MIAMI, FL 331160188 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FUERTH, OLYMPIA
11540 SW 142 PL
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: FUERTH, OLYMPIA
Address: 11540 SW 142 PLACE
City-St-Zip: MIAMI, FL

Title: PD () Delete
Name: ARTZE, JAMIE RUTHE
Address: 12826 SW 49 TERR
City-St-Zip: MIAMI, FL

Title: V () Delete
Name: BAILEY DEL VALLE, TRINA
Address: 12895 SW 53 LANE
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: DOMINGUEZ, ALINA
Address: 12861 SW 47 TERRACE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: ARTZE, JAMIE RUTHE
Address: 12826 SW 49 TERR
City-St-Zip: MIAMI, FL 33175

Title: V (X) Change () Addition
Name: BAILEY DEL VALLE, TRINA
Address: 12895 SW 53 LANE
City-St-Zip: MIAMI, FL 33175

Title: SD (X) Change () Addition
Name: DOMINGUEZ, ALINA
Address: 12861 SW 47 TERRACE
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMIE RUTHE ARTZE

PD

03/28/2009

Electronic Signature of Signing Officer or Director

Date