


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90154 009 ****61.25

DOCUMENT # 725916 1. Entity Name ROYALE GREEN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2200 NW 102 AVE # 5 MIAMI, FL 33172 US			Mailing Address 2200 NW 102 AVE # 5 MIAMI, FL 33172 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2981633	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CASTELLANOS, REINALDO % HYMAN KAPLAN GANGUZZA SPECTOR & MARS 150 WEST FLAGLER STREET, SUITE 2701 MIAMI, FL 33130			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD D	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, ISABEL		NAME	DAISY GARCIA	
STREET ADDRESS	12820 SW 43 DRIVE #127B		STREET ADDRESS	12800 SW 43 DR #109B	
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP	MIAMI FL 33175	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ, ZORAIDA		NAME	TEOBALDO POSADO	
STREET ADDRESS	12850 SW 43 DR, # 251		STREET ADDRESS	12810 SW 43 DR #119B	
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, LILIA		NAME	RAMIRO HERNANDEZ	
STREET ADDRESS	12810 SW 43 DR, # 223		STREET ADDRESS	12820 SW 43 DR #127B	
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYALA, JOSE		NAME		
STREET ADDRESS	12830 SW 43RD DRIVE #137		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, FRANK		NAME		
STREET ADDRESS	12810 SW 43 DRIVE, # 114		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, JAIME		NAME		
STREET ADDRESS	12801 SW 43RD DRIVE #101		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Isabel Orozco</u> ISABEL OROZCO			04/20/06 (305) 223-3745		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		