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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

729034

(9)

ROYAL POINCIANA CONDOMINIUM, INC.

FILED May 14 1997 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address	[—{				
% J & M CON 221 S.W. 22ND	DO MANAGEMENT 8 MAINTENANCE) AVE., SUITE 219	% J & M CONDO MANA 221 S.W. 22ND AVE SI		NCE				
MIAMI 33135	•	MIAMI 33135-1544			rporated or Qualified 5/1974	3a. Date of Last F 02/20/19		
	Place of Business	2a. Mailing Address			4. FEI Number			
21	4 -1-	26		39-1	59-1577347 Not Applie \$8.75 Addition			
Sulte, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate	of Status Desired		Additional equired	
City & Sta	1e	City & State		6. Election C	Campaign Financing	·	May Be	
23		28		l l	d Contribution		to Fees	
Zip	Country	Zip	Country	1 '	oration has liability for in		. 199.032,	
24	25	29	30	Florida St		Yes No		
	9. Name and Address of Curren	t Hegistered Agent	81 Nan	10. Name and Address of New Registered Agent 81 Name				
			61 14811	et Address (P.O. Box N	1 HERNI	4 NDEZ.		
	Z, NESTOR ~		82 Stre	et Address (P.O. Box No	umber is Not Acceptabl	e)		
	W_: 6TH-ST+			2011 U	VEST 6	2 57.		
*SUITE 2			83					
- CORAL	GABLES FL-99194		84 City	11		85 Zip	Code 80/6	
44 Durawant	to the previous of Contrary 617 DED	2 and C17 1ED9 Florido Sto	tutos the share nom	HIALEAN	this statement for the n	FL ° 33	bereinbred	
office or	to the provisions of Factions 617.050; registered agent, of both, in the State am familiar with, and accept the obliga	of Florida. Such change wa	is authorized by the c	orporation's board of di	rectors. I hereby accep	t the appointment as	registered	
		Note of Section 617.0513,	Florida Statutes.			Y-22-5	~7	
SIGNATURE	Signature, typed or printed name of registered age:		Rogistered Agent signa	ure required when reinstating)		DATE		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS	S/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 12	
TITLE	PD	DELETE	1.1 TITLE			☐ Change	Addition	
NAME	LYKINS, ALAN SCOTT		1.2 NAME					
STREET ADDRESS	309 SOUTH ROYAL POINCIAN	A, APT. 403	1.3 STREET ADDRES	s				
CITY-ST-ZIP	MIAMI SPRINGS FL		1.4 CHY-ST-ZIP					
TITLE	STD	☐ DÉLETE	21 TITLE			☐ Change	Addition	
NAME	AYNAT, CRSTINA M.		22 NAME					
STREET ADDRESS	309 S. ROYAL POINCIANA, AI	PT. 401	2.3 STREET ADDRES	\$				
CITY-ST-ZIP	MIAMI SPRINGS FL	Desti	2.4 CITY-ST-ZIP					
TITLE	VD SUPERIOR STANKING	☐ DELETE	3.1 TITLE			Change	Addition	
NAME	GUTIERREZ, FANNY	DT 004	3.2 NAME					
STREET ADDRESS	309 S. ROYAL POINCIANA, A	P1. 301	3.3 STREET ADDRES	s				
CITY-ST-ZIP	MIAMI SPRINGS FL	DELETE	3.4. CITY-ST-ZIP			Change	Addition	
TITLE NAME			4.1 TITLE 4.2 NAME				ROUNION	
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRES	e l				
CITY-ST-ZIP			4.4 CITY - ST - ZIP	3				
TITLE		DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME		had over 5	5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRES	s				
CITY-ST-ZIP			5.4 CITY-S1-ZIP	<u> </u>				
TITLE		DELETE	6.1 TITLE			☐ Change	Addition	
NAME	}		6.2 NAME			.— • •		
STREET ADDRESS			6.3 STREET ADDRES	s				
CITY-ST-ZIP			6.4 CITY - ST - ZIP					
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14. I do 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address.

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