

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4: 16

DOCUMENT # 737893 (8)

1. Corporation Name
ROYAL OAKS CONDOMINIUM ASSOCIATION OF NORTH MIAMI
I BEACH, INC.

Principal Place of Business

441 N.E. 195TH ST.
MIAMI FL 33179

Mailing Address

441 N.E. 195TH ST.
MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/20/1977

3a. Date of Last Report
03/29/1994

4. FEI Number
59-1718855

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$6.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

REITER, A. BRUCE
443 N.E. 195 ST. APT. 445
N. MIAMI BCH. 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	NAME	1.1 TITLE	DATE
TD	BASS, IRA D. 447 N.E. 195TH ST. MIAMI, FL 00000	1.2 NAME	☐ Change ☐ Addition
PD	BERMAN, HARVEY 447 N.E. 195TH ST. MIAMI FL	1.3 STREET ADDRESS	
VD	BERNARD, BERNARD 443 N.E. 195TH ST. MIAMI FL	1.4 CITY-ST-ZIP	
SD	ALEXANDER, HAROLD 445 NE 195TH ST. MIAMI FL	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/95

(301)
653-4381