

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 ~~12-96~~ B-1009-C

DOCUMENT # **746296** (3)

1. Corporation Name  
**ROYAL CARIBBEAN CLUB CONDOMINIUM, INC.**



Principal Place of Business: 1150 MADRUGA AVE, CORAL GABLES FL 33146-2916  
Mailing Address: 1150 MADRUGA AVE, CORAL GABLES FL 33146-2916

3. Date Incorporated or Qualified: **03/19/1979**  
3a. Date of Last Report: **04/13/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-1929597</b>	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BARBARA A RAY</b> <b>C/O JEANNE BAKER, INC</b> <b>12677 SOUTH DIXIE HWY</b> <b>MIAMI FL 31522</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUYS, DIANE			1.2 NAME			
STREET ADDRESS	1150 MADRUGA AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASSEY, MARIADREW			2.2 NAME			
STREET ADDRESS	1200 MARIPOSA			2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKINNON, M.A.			3.2 NAME			
STREET ADDRESS	1150 MADRUGA AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRING, DANIEL			4.2 NAME			
STREET ADDRESS	1200 MARIPOSA AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			4.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLAR, JAMES C			5.2 NAME			
STREET ADDRESS	1150 MADRUGA AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 119.07(3)(k), 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Shane C. Sharp* 1. 17. 96 (305) 666-6181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)