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Feb 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 746296 (3)

1. Corporation Name

ROYAL CARIBBEAN CLUB CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

1150 MADRUGA AVE
CORAL GABLES FL 33146-2916

1150 MADRUGA AVE
CORAL GABLES FL 33146-2928

3. Date Incorporated or Qualified
03/19/1979

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1929597

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARBARA A RAY
C/O JEANNE BAKER, INC
12677 SOUTH DIXIE HWY
MIAMI FL 31522

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

C/O PRUDENTIAL FLORIDA REALTY

83

12677 S. DIXIE Highway

84

City

MIAMI

FL

85 Zip Code

33156

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME DUYS, DIANE
STREET ADDRESS 1150 MADRUGA AVE
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME ROSS, ANNE
1.3 STREET ADDRESS 1150 MADRUGA AVE.
1.4 CITY-ST-ZIP CORAL GABLES, FL

TITLE D ☐ DELETE
NAME MASSEY, MARIADREW
STREET ADDRESS 1200 MARIPOSA
CITY-ST-ZIP CORAL GABLES FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MCKINNON, M.A.
STREET ADDRESS 1150 MADRUGA AVE.
CITY-ST-ZIP CORAL GABLES FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME HARRING, DANIEL
STREET ADDRESS 1200 MARIPOSA AVENUE
CITY-ST-ZIP CORAL GABLES FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME MILLAR, JAMES C
STREET ADDRESS 1150 MADRUGA AVE.
CITY-ST-ZIP CORAL GABLES FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME HERNER, CARL
5.3 STREET ADDRESS 1150 MADRUGA AVE.
5.4 CITY-ST-ZIP CORAL GABLES, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97

Date

Daytime Phone # 0030495

CR2E037 (9/96)