

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/19/1979
4. FEI Number 59-1929597
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BARBARA A RAY C/O PRUDENTIAL FLORIDA REALTY 12677 SOUTH DIXIE HWY MIAMI FL 33156
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 12695 SOUTH DIXIE Highway 84 City FL 85 Zip Code
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	ROSS, ANNE
STREET ADDRESS	1150 MADRUGA AVE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MASSEY, MARIADREW
STREET ADDRESS	1200 MARIPOSA
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MCKINNON, M.A.
STREET ADDRESS	1150 MADRUGA AVE.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	HARRING, DANIEL
STREET ADDRESS	1200 MARIPOSA AVENUE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HERNER, CARL
STREET ADDRESS	1150 MADRUGA AVE.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HOWELL, VALERIE
STREET ADDRESS	1150 MADRUGA AVE
CITY-ST-ZIP	CORAL GABLES, FL 33146

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MASSEY, MARIA
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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]* 1-21-98 305-284-9969

CR2E037 (10/97)