## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2000 8:00 am Secretary of State **DOCUMENT # 746296** 1. Entity Name ROYAL CARIBBEAN CLUB CONDOMINIUM, INC. 02-05-2000 90047 024 \*\*\*\*61.25 Principal Place of Business Mailing Address 1150 MADRUGA AVE 1150 MADRUGA AVE CORAL GABLES FL 33146-2916 CORAL GABLES FL 33146-2928 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1929597 الاختىنائية Applicate Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Barbara a Ray ARVIDA REALTY C/O PRUDENTIAL FLORIDA DEALITY 12695 SOUTH DIXIE HWY Zip Code City MIAMI FL 33156 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida STATE OF LIVER 150 Ja 200 2 4 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change X Additio Delete TITLE TITLE KATE-SHEROUSE AND -NAME ROSS, ANNE NAME 1130 MADRUGA AVENUE STREET ADDRESS STREET ADDRESS 1150 MADRUGA AVE CITY-ST-ZIP CORAC GABLES, FL 33146 CITY-ST-ZIP CORAL GABLES FL 🔀 Additìo Delete Change TITLE \$/D: SUSAU FIX NAME NAME MASSEY, MARIA 1135 MARIPOSA AVE STREET ADDRESS STREET ADDRESS 1200 MARIPOSA CORAL GARLES, E 33146 CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** Change Delete TITI F TITLE PATRICIA SSCOTO NAME NAME HOWELL, VALERIE 1200 MARIPUSA AVENUE STREET ADDRESS STREET ADDRESS 1150 MADRUGA AVE GABLES, 33146 CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33146** Сhange ☐ Additio ☐ Delete TITLE TITLE NAME HARRING, DANIEL STREET ADDRESS STREET ADDRESS 1200 MARIPOSA AVENUE CITY-ST-7IP CITY-ST-ZIP CORAL GABLES FL Plo Change ☐ Additio TITLE ☐ Delete TITLE NAME KAPPELMAN, DONALD STREET ADDRESS STREET ADDRESS 1200 MARIPOSA AVE. CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL ☐ Change ☐ Additio Delete TITLE TITLE NAME TYNER, AMY NAME STREET ADDRESS 1150 MADRUGA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED PARKETOR OF SIGNING OFFICER OR DIRECTOR

1-12-2000

305-666-6181

Daytime Phone #