

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90003 014 ****61.25

DOCUMENT # 746296

1. Entity Name

ROYAL CARIBBEAN CLUB CONDOMINIUM, INC.

LN

Principal Place of Business

1150 MADRUGA AVE
 CORAL GABLES FL 33146-2916

Mailing Address

1150 MADRUGA AVE
 CORAL GABLES FL 33146-2916

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

59-1929597

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARBARA A RAY
C/O ARVIDA REALTY SERVICES
12695 SOUTH DIXIE HWY
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	SHERONSE, KATE	
STREET ADDRESS	1130 MADRUGA AVE	
CITY-ST-ZIP	MIAMI FL 33146	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FIX, SUSAN	
STREET ADDRESS	1135 MARIPOSA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ESCOTO, PATRICIA	
STREET ADDRESS	1200 MARIPOSA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HARRING, DANIEL	
STREET ADDRESS	1200 MARIPOSA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KAPPELMAN, DONALD	
STREET ADDRESS	1200 MARIPOSA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEROUSE, KATE	
STREET ADDRESS	1150 MADRUGA AVE.	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, ALFREDO	
STREET ADDRESS	1150 MADRUGA AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICK, ANDREE	
STREET ADDRESS	1200 MARIPOSA AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWELL, VALERIE	
STREET ADDRESS	1150 MADRUGA AVE.	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Donald Kappelman* DONALD KAPPELMAN 7-16-01 305-666-6181

CR2E037 (5/01)