

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90006 047 ****61.25

0024051

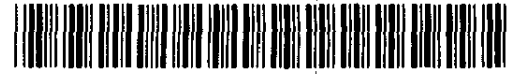
DOCUMENT # 746296

1. Entity 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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number 59-1929597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHERONSE, KATE	
STREET ADDRESS	1150 MADRUGA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ALFRED	
STREET ADDRESS	1150 MADRUGA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DICK, ANDREE	
STREET ADDRESS	1200 MARIPOSA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWELL, VALERIE	
STREET ADDRESS	1150 MADRUGA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KAPPELMAN, DONALD	
STREET ADDRESS	1200 MARIPOSA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	O	<input type="checkbox"/> Delete
NAME	KERR, ROBERT	
STREET ADDRESS	1200 MARIPOSA AVE.	
CITY-ST-ZIP	CORAL GABLES, FL 33146	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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: Barbara A Ray **SIGNATURE REQUIRED** 1/9/02 305-666-6181

CR2E037 (9/01)