

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90023 014 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1929597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBARA A RAY
C/O COLDWELL BANKER RES R.E
12695 SOUTH DIXIE HWY
MIAMI FL 33156

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME DICK, ANDREE
STREET ADDRESS 1200 MARIPOSA AVE
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE VD ☒ Delete
NAME HOWELL, VALERIE
STREET ADDRESS 1150 MADRUGA AVE
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE PD ☒ Delete
NAME KAPPELMAN, DONALD
STREET ADDRESS 1200 MARIPOSA AVE.
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
NAME ASIN, MARIA LUZ
STREET ADDRESS 1150 MADRUGA AVE.
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE PD ☐ Change ☒ Addition
NAME ACEVEDO, GEORGE
STREET ADDRESS 1150 MADRUGA AVE.
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE TD ☐ Change ☒ Addition
NAME AULT, CHRISTOPHER
STREET ADDRESS 1150 MADRUGA AVE.
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE D ☐ Change ☒ Addition
NAME PEREZ, LIANA
STREET ADDRESS 1150 MADRUGA AVE.
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

George Acevedo, GEORGE ACEVEDO, Pres. 305-666-6181