

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90058 008 \*\*\*\*\*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

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

C/O COLDWELL BANKER

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, 2005**

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 ☐ Change ☒ Addition  
NAME J D  
STREET ADDRESS HOFFMAN, EDWINA  
CITY-ST-ZIP 1200 MARIPOSA AVE.  
CORAL GABLES, FL 33146

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

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

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

CHRISTOPHER AULT  
TREASURER

Date

Daytime Phone #

2/8/5 305-666-6181