

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 JAN 18 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12202006 REIN-NP CR2E099 (11/05) **06.07**

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		Country		4. FEI Number 59-1929597	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 BANKERS REAL ESTATE PARTNERS Street Address (P.O. Box Number is Not Acceptable) C/O SHAWN KHOSRAV 209 ALHAMBRA CIRCLE, SUITE 404 City CORAL GABLES FL Zip Code 33146		
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: SHAWN KHOSRAVI, President 1/9/07					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFMAN, EDWINA 1200 MARIPOSA AVE CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALI, IMTIAZ 1150 MADRUGA AVENUE CORAL GABLES, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ASIN, MARIA LUZ 1150 MADRUGA AVE CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEDIN, ELSIE 427 ZAMORA AVENUE CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEVEDO, GEORGE 1150 MADRUGA AVE. CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEVEDO, GEORGE 1150 MADRUGA AVENUE CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AULT, CHRISTOPHER 1150 MADRUGA AVE. CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAPPELMAN, DONALD 1200 MARIPOSA AVENUE CORAL GABLES, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, LIANA 1150 MADRUGA AVE CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AUSTIN, JENNIFER 1131 MARIPOSA COURT CORAL GABLES, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:				Date 12/27/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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