

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746296

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: ROYAL CARIBBEAN CLUB CONDOMINIUM, INC.

**Current Principal Place of Business:**

1150 MADRUGA AVE  
CORAL GABLES, FL 331462916

**New Principal Place of Business:**

**Current Mailing Address:**

1150 MADRUGA AVE  
CORAL GABLES, FL 331462916

**New Mailing Address:**

FEI Number: 59-1929597      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BANKERS REAL ESTATE PARTNERS  
C/O SHAWN KHOSRAV  
299 ALHAMBRA CIRCLE, SUITE 404  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: IMTIAZ, ALI  
Address: 1150 MADRUGA AVE  
City-St-Zip: CORAL GABLES, FL 331462916

Title: VD ( ) Delete  
Name: MEDIN, ELSIE  
Address: 427 ZAMORA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: ALEVEDO, GEORGE  
Address: 1150 MADRUGA AVE.  
City-St-Zip: CORAL GABLES, FL 33146

Title: TD ( ) Delete  
Name: KAPPELMAN, DONALD  
Address: 1200 MARIPOSA AVENUE  
City-St-Zip: CORAL GABLES, FL 33146

Title: SD ( ) Delete  
Name: AUSTIN, JENNIFER  
Address: 1131 MARIPOSA COURT  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: ASIN, MARIA  
Address: 1150 MADRUGA AVENUE # B-302  
City-St-Zip: CORAL GABLES, FL 331446

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IMTIAZ ALI

Electronic Signature of Signing Officer or Director

PRES

04/27/2009

\_\_\_\_\_ Date