

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90268 002 ****61.25

DOCUMENT # 755911

1. Entity Name
ROYAL WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1225 WEST AVENUE
MIAMI BEACH, FL 33139 US

Mailing Address
C/O BEACHWAY PROPERTY MANAGEMENT
PO BOX 398718
MIAMI BEACH, FL 33239 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2168805

Applied For
Not Applicable

Zip

Country

Zip

Country

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

TORRES, FRANCISCO L
1521 ALTON RD. #415
MIAMI BEACH, FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

~~1225 WEST AVE #504~~
1521 ALTON RD., STE. 415

City

Miami Beach

FL

Zip Code
33139

8. The above named entity submits the obligations of registered agent.

Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE

Signature, typed or printed name

Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.
Due by May 1, 2007

Foreign Financing
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 PD
NAME TORRES, FRANCISCO L
STREET ADDRESS 1521 ALTON RD. #415
CITY-ST-ZIP MIAMI, FL 33139 ☐ Delete

TITLE P
NAME TORRES, FRANCISCO L. ☒ Change ☐ Addition
STREET ADDRESS 1225 WEST AVE #504
CITY-ST-ZIP Miami Beach, FL 33139

TITLE TSD
NAME PREM, MIGUEL
STREET ADDRESS 1225 WETS AVE #301
CITY-ST-ZIP MIAMI, FL 33139 ☒ Delete

TITLE T
NAME MIGUEL ANGEL VALDES-MUJICA ☒ Addition
STREET ADDRESS 1225 WEST AVE #401
CITY-ST-ZIP Miami Beach, FL 33139

TITLE VP
NAME RICACO, PEDRO
STREET ADDRESS 1225 W. AVE. #202
CITY-ST-ZIP MIAMI, FL 33139 ☒ Delete

TITLE S
NAME SAMUEL CRATIS ☐ Change ☒ Addition
STREET ADDRESS 1225 WEST AVE #404
CITY-ST-ZIP Miami Beach, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

16-APR-2007

305 673 8110