

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:17

DOCUMENT # 769249 (4)
1. Corporation Name
ROYAL GARDENS HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/07/1983	3a. Date of Last Report 06/07/1994
4. FEI Number 59-2267977	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

Principal Place of Business		Mailing Address	
10623 S.W. 69TH TR. 6819 SW 105TH COURT MIAMI FL 33173 US		10623 S.W. 69TH TR. 6819 SW 105TH COURT MIAMI FL 33173 US	
2. Principal Place of Business 21 6811 SW 105 CT	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23 MIAMI, FL	City & State 28		
Zip 24 33173	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent DIAZ, RUBEN 10623 S.W. 69TH TERR. MIAMI FL 33173		10. Name and Address of New Registered Agent 81 Name OMAR HINCAPIE 82 Street Address (P.O. Box Number is Not Acceptable) 6811 SW 105 CT 83 84 City MIAMI, FL FL 85 Zip Code 33173	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Omara Hincapie* 3-13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	T, D ☒ Change ☐ Addition
NAME	DIAZ, RUBEN	1.2 NAME	
STREET ADDRESS	10623 S.W. 69TH TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	D ☒ Change ☐ Addition
NAME	VALDEZ, BENITO A.	2.2 NAME	
STREET ADDRESS	10547 S.W. 69TH TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	S, D ☒ Change ☐ Addition
NAME	HINCAPIE, OMAR	3.2 NAME	
STREET ADDRESS	6811 S.W. 105TH CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Omara Hincapie* 3-13-95 305 2715502.
Signature and typed or printed name of signing officer or director Date (Keytime/Phone #)