

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769249** (4)
1. Corporation Name
ROYAL GARDENS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 10543 SW 69 TERRACE MIAMI FL 33173 US	Mailing Address 68-11 SW 105TH COURT HALISE MIAMI FL 33173-1395 US
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3. Date Incorporated or Qualified 07/07/1983	3a. Date of Last Report 03/06/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 <i>ROYAL GARDENS HOMEOWNERS ASSOCIATION, INC.</i>	4. FEI Number 59-2267977	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <i>10543 SW 69 TERRACE</i>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28 <i>MIAMI FLORIDA</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 <i>33173</i>	Country 30 <i>US</i>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIRO, FABIO V
10543 SW 69 TERRACE
MIAMI FL 33173**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIAZ, RUBEN		1.2 NAME FABIO V. GIRO	
STREET ADDRESS 10623 S.W. 69TH TERR.		1.3 STREET ADDRESS 10543 SW 69 TERRACE	
CITY - ST - ZIP MIAMI FL		1.4 CITY - ST - ZIP MIAMI FL 33173	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VALDEZ, BENITO A.		2.2 NAME GUSTAVO PARDO	
STREET ADDRESS 10547 S.W. 69TH TERR.		2.3 STREET ADDRESS 10532 SW 69 TERRACE	
CITY - ST - ZIP MIAMI FL		2.4 CITY - ST - ZIP MIAMI FL 33173	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HINCAPIE, OMAR		3.2 NAME REYNALDO BLANCO	
STREET ADDRESS 6811 S.W. 105TH CT.		3.3 STREET ADDRESS 10626 SW 69 TERRACE	
CITY - ST - ZIP MIAMI FL		3.4 CITY - ST - ZIP MIAMI FL 33173	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME FERNANDO POSTANA	
STREET ADDRESS		4.3 STREET ADDRESS 6805 SW 106 CT	
CITY - ST - ZIP		4.4 CITY - ST - ZIP MIAMI FL 33173	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Fabio V. Giro / President 1/14/97 (305) 595-1544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032778

CR2E037 (9/96)