

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90014 047 ****61.25

DOCUMENT # 770375 1. Entity Name ROYAL HARBOUR YACHT CLUB MARINA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6111 PARADISE POINT DR SW 152 ST MIAMI, FL 33186 US			Mailing Address % THE FOSTER CO 12396 SW 82 AVE MIAMI, FL 33156 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 9000 SW 152 St			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #102			
City & State		City & State Miami, FL			
Zip	Country	Zip 33157	Country USA	4. FEI Number 59-2338315	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EISINGER, DENNIS 4000 HOLLYWOOD BLVD STE 265 S - PRESIDENTIAL CIR HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name James Kertsikas Street Address (P.O. Box Number is Not Acceptable) 6112 S.W. 152 St. City Miami FL Zip Code 33157		
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 <div style="float: right; text-align: right;"> DATE </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD KATSIKAS, JAMES 6112 PARADISE POINT DR MIAMI, FL 33186		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REDERSEN, CHRIS 6149 PARADISE POINT DR MIAMI, FL 33156		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAYNARD, MARK 5966 PARADISE POINT MIAMI, FL 33157		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZARR, NORMAN 6012 PARADISE POINT DR MIAMI, FL 33156		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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 an other like empowered.					
SIGNATURE: NORMAN ZARR 2/8/07 305 253 7719					