

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000836

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** POINT ROYALE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

790 WEST 20TH STREET  
2ND FLOOR  
HIALEAH, FL 33175

**New Principal Place of Business:**

900 W. 49 STREET  
220  
HIALEAH, FL 33012

**Current Mailing Address:**

790 WEST 20TH STREET  
2ND FLOOR  
HIALEAH, FL 33175

**New Mailing Address:**

900 W. 49 STREET  
220  
HIALEAH, FL 33012

**FEI Number:** 65-1025561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOUR POINTS PROPERTY MANAGEMENT, INC.  
790 WEST 20TH STREET  
HIALEAH, FL 33010 US

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

DELATORRE, CLEMENTE J  
900 W. 49 STREET  
220  
HIALEAH, FL 33012 US

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: CLEMENTE J. DELATORRE

04/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALVAREZ, CECILIA  
Address: 900 W. 49 STREET, SUITE 220  
City-St-Zip: HIALEAH, FL 33012

Title: VPD  
Name: SHELDEN, JOHN  
Address: 900 W. 49 STREET, SUITE 220  
City-St-Zip: HIALEAH, FL 33012

Title: TD  
Name: GOICOCHEA, WALTER  
Address: 900 W. 49 STREET, SUITE 220  
City-St-Zip: HIALEAH, FL 33012

Title: SD  
Name: CERDA, BLANCA  
Address: 900 W. 49 STREET, SUITE 220  
City-St-Zip: HIALEAH, FL 33012

I hereby 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 all other like empowered.

SIGNATURE: CECILIA ALVAREZ

PD

04/18/2011

Electronic Signature of Signing Officer or Director

Date