**FILE NOW: FILING FEE IS $61.25**

NONPROFIT
CORPORATION
ANNUAL REPORT
**1997**

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

FILED
May 14 1997 8:00am
Secretary of State

**DOCUMENT # N00650 (4)**
1. Corporation Name

**ROYALE GREEN HOMEOWNERS ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 650102<br>MIAMI FL 33165-7102 | P O BOX 650102<br>MIAMI FL 33265-0102 |

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 12/29/1983 | 05/01/1996 |

| 2. Principal Place of Business | 21 | 2a. Mailing Address | 26 |
|---|---|---|---|

4. FEI Number 59-2372479 ☐ Applied For ☐ Not Applicable

| Suite, Apt. #, etc. | 22 | Suite, Apt. #, etc. | 27 |
|---|---|---|---|

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| City & State | 23 | City & State | 28 |
|---|---|---|---|

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

| Zip | 24 | Country | 25 | Zip | 29 | Country | 30 |
|---|---|---|---|---|---|---|---|

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

EDITH M. HALL
4343 SW 129 AVE.
MIAMI FL 33175

**10. Name and Address of New Registered Agent**

| 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 **PD** ☒ DELETE<br>NAME **JOSE PINEIRA**<br>STREET ADDRESS **4214 SW 127 COURT**<br>CITY-ST-ZIP **MIAMI FL** | | 1.1 TITLE PD<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | ARCHER, ROSA, PRES. | ☒ Change ☐ Addition<br>5006 SW 131 AVE<br>MIAMI, FL 33175 |
| TITLE **SD** ☒ DELETE<br>NAME **HUTSON, SUE**<br>STREET ADDRESS **5221 SW 132 AVE**<br>CITY-ST-ZIP **MIAMI FL** | | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | V. PRES. VD<br>SILVI, RAUL | ☐ Change ☒ Addition<br>13008 SW 55 ST.<br>MIAMI, FL, 33175 |
| TITLE **VD** ☒ DELETE<br>NAME **REYES, GLADYS**<br>STREET ADDRESS **4314 SW 127 CT**<br>CITY-ST-ZIP **MIAMI FL** | | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | TREASURER T<br>EDITH M HALL | ☐ Change ☐ Addition<br>4343 SW 129 AVE<br>MIAMI FL 33175 |
| TITLE **T** ☐ DELETE<br>NAME **EDITH M. HALL**<br>STREET ADDRESS **4343 S.W. 129 AVE.**<br>CITY-ST-ZIP **MIAMI FL 33175** | | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | SEC'Y SD<br>SPALER, LARRY | ☐ Change ☒ Addition<br>12720 SW 77 ST<br>MIAMI FL, 33183 |
| TITLE **VD** ☒ DELETE<br>NAME **MARERRO, LILLIAN**<br>STREET ADDRESS **4541 SW 129 AVE**<br>CITY-ST-ZIP **MIAMI FL** | | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | D<br>NIRO, DAVID | ☐ Change ☒ Addition<br>12773 SW 48 TER.<br>MIAMI FL 33175 |
| TITLE **D** ☐ DELETE<br>NAME **ARCHER, ROSA**<br>STREET ADDRESS **5006 SW 131 AVE**<br>CITY-ST-ZIP **MIAMI FL** | | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/96)

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:** Edith M. Hall (EDITH M. HALL)   4/29/97   305-226-2886