

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00650** (4)
1. Corporation Name
ROYALE GREEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business P O BOX 650102 MIAMI FL 33165-7102		Mailing Address P O BOX 650102 MIAMI FL 33165-7102		3. Date Incorporated or Qualified 12/29/1983	
2. Principal Place of Business 21 12893 SW 50 LANE Suite, Apt. #, etc. 22 MIAMI City & State 23 FLA Zip 24 33175		2a. Mailing Address 25 PO Box 650102 Suite, Apt. #, etc. 26 City & State 27 MIAMI Zip 28 FL 33175		4. FEI Number 59-2372479 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARCHER, ROSA			1.2 NAME	SUSAN HANCOCK		
STREET ADDRESS	5006 S.W. 131 AVE			1.3 STREET ADDRESS	12893 SW 50 LANE		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI FL 33175		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVI, RAUL			2.2 NAME	LILLIAM BUENO-MARRERO		
STREET ADDRESS	13008 S.W. 55 ST.			2.3 STREET ADDRESS	4541 SW 129 AVE		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	MIAMI FL 33175		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPALEK, LARRY			3.2 NAME	SUSAN HUTSON		
STREET ADDRESS	12720 S.W. 77 ST.			3.3 STREET ADDRESS	5221 SW 132 AVE		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	MIAMI FL 33175		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDITH M. HALL			4.2 NAME	EDITH M. HALL		
STREET ADDRESS	4343 S.W. 129 AVE.			4.3 STREET ADDRESS	4343 SW 129 AVE		
CITY-ST-ZIP	MIAMI FL 33175			4.4 CITY-ST-ZIP	MIAMI FL 33175		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NIRO, DAVID			5.2 NAME	ROBERTA HALL		
STREET ADDRESS	12773 S.W. 48 TERR			5.3 STREET ADDRESS	4309 SW 129 AVE		
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP	MIAMI FL		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARCHER, ROSA			6.2 NAME			
STREET ADDRESS	5006 SW 131 AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			6.4 CITY-ST-ZIP			

14. I 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 4/27/98 305-226-2886

CR25037 (10/97)