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Feb 17, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00650

1. Corporation Name

ROYALE GREEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

12893 SW 50 LN
MIAMI FL 33175
US

Mailing Address

POB 650102
MIAMI FL 33175
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12/29/1983
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-2372479
24	29	30
5. Certificate of Status Desired		Applied For
		Not Applicable
6. Election Campaign Financing		\$8.75 Additional Fee Required
Trust Fund Contribution		\$5.00 May Be Added to Fees

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	SAME
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	1.1 TITLE	
NAME	HANCOCK, S	1.2 NAME	SAME
STREET ADDRESS	12893 SW 50 LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	MARRERO, BUNO L	2.2 NAME	
STREET ADDRESS	4541 SW 129 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	HUTSON, S	3.2 NAME	
STREET ADDRESS	5221 SW 132 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	HALL, E M	4.2 NAME	
STREET ADDRESS	4343 S.W. 129 AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	HALL, R	5.2 NAME	
STREET ADDRESS	4309 SW 129 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
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, with all other like empowered.

SIGNATURE:

Signature Required

1/18/99

305-226-2886

Date

Daytime Phone #

CR2E037 (1/98)