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FILED
Feb 17, 1999 8:00am
Secretary of State

0035604

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
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	23. Date Incorporated or Qualified 12/29/1983	24. FEI Number 59-2372479	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	25. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23. City & State	28. City & State	26. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Zip Country	29. Zip Country			

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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANCOCK, S 12893 SW 50 LN MIAMI FL 33175	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARRERO, BUNO L 4541 SW 129 AVE MIAMI FL 33175	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	"
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUTSON, S 5221 SW 132 AVE MIAMI FL 33175	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	"
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALL, E M 4343 S.W. 129 AVE. MIAMI FL 33175	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	"
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, R 4309 SW 129 AVE MIAMI FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	"
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCHER, ROSA 5006 SW 131 AVE MIAMI FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 of 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)