

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005019

FILED  
Jul 08, 2008  
Secretary of State

**Entity Name:** POINT ROYALE CONDOMINIUM ASSOCIATION NO 1 INC

**Current Principal Place of Business:**

19380 SW 103 CT  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 570669  
MIAMI, FL 33257-066

**New Mailing Address:**

**FEI Number:** 41-2093173      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

TEGZES, FRANCINE E  
8925 SW 148 STREET  
200  
MIAMI, FL 33176 US

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

TEGZES, FRANCINE E  
18781 LENAIRE DR  
MIAMI, FL 33157 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: \_\_\_\_\_

07/08/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: VILLAMIL, ALBERTO  
Address: 19380 SW 103 CT  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: SANCHEZ, JAIME  
Address: 7761 SW 177 ST  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: FLINK, EMMA  
Address: 19376 SW 103 CT  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: TEGZES, FRANCINE  
Address: P.O.BOX 570669  
City-St-Zip: MIAMI, FL 332570669

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANCINE TEGZES

D

07/08/2008

Electronic Signature of Signing Officer or Director

Date