

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90036 026 ****70.00

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1. Entity Name
ROYAL CONDOMINIUM ASSOCIATION AT MIAMI BEACH, INC.



Principal Place of Business
**221 COLLINS AVE.
MIAMI BEACH, FL 33139**

Mailing Address
**221 COLLINS AVE.
MIAMI BEACH, FL 33139**

50025176



2. Principal Place of Business
221 Collins Ave
Suite, Apt. #, etc. **#9**

3. Mailing Address
221 Collins Ave
Suite, Apt. #, etc. **#9**

08012006 Chg-NP CR2E037 (4/06)

City & State
Miami Beach, FL
Zip **33139** Country

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Miami Beach, FL
Zip **33139** Country

4. FEI Number
20-3059022
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CRONIG, STEVEN C
307 CONTINENTAL PLAZA
3250 MARY ST
COCONUT GROVE, FL 33133**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FREVELETTI, CAROLYN	
STREET ADDRESS	221 COLLINS AVE.	
CITY- ST- ZIP	MIAMI BEACH, FL 33139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FREVELETTI, MICHAEL L	
STREET ADDRESS	205 COLLINS AVE #302	
CITY- ST- ZIP	MIAMI BEACH, FL 33139	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FREVELETTI, ANTHONY	
STREET ADDRESS	221 COLLINS AVE #9	
CITY- ST- ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn Freveletti P.D. CAROLYN FREVELETTI 8/7/06 305-672-6031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #