


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000000912**

1. Entity Name  
**ROYAL OAKS OFFICE PARK OWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**8053 NW 155 ST**      **8053 NW 155 ST**  
**MIAMI LAKES, FL 33016 US**      **MIAMI LAKES, FL 33016 US**

**DO NOT WRITE IN THIS SPACE**



01262006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**65-0499043**      Not Applicable

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

6. Name and Address of Current Registered Agent

**YEAR ROUND MANAGEMENT COMPANY**  
**8053 NW 155 ST**  
**MIAMI LAKES, FL 33016**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANON, WALTER ESQ 8220 NW 168TH STREET MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAZQUEZ, JAVIER 8291 NW 166TH TERRACE MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASTESI, RAUL 8105 NW 155 ST MIAMI LAKES, FL 33016
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000420229  
 02/15/06-80047-012 61.25

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_