FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N97000004280 (0) **DOCUMENT**

ROYAL PALM VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address 1474-A W. 84TH ST. 1474-A W. 84TH ST. 3. Date Incorporated or Qualified HIALEAH FL 33014 HIALEAH FL 33014 07/25/1997 4. FEI Number Applied For Not Applicable 2. Principal Place of Business Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 22 27 Oty & State City & State 7. Is this nonprofit corporation a homeowners association? Yes ☐ No 23 Zio Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 1 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name OSMAN, L. MICHAEL 82 Street Address (P.O. Box Number is Not Acceptable) 1474-A W. 84TH ST. 83 HIALEAH FL 33014 84 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) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 DELETE Change Addition TITLE 1.1 TITLE IPPOLITO, FRANK NAME 1.2 NAME 200 HOLIDAY DR. STREET ADDRESS 1.3 STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE VD. □ DELETE 2.1 TITLE Change Addition NAME IPPOLITO, TROY 2.2 NAME 200 HOLIDAY DR. STREET ADDRESS 2.3 STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE IPPOLITO, NICOLE NAME 3.2 NAME 200 HOLIDAY DR. STREET ADDRESS 3.3 STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE ___ Change __ Addition 4.1 THILE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition | TITLE 5.1 TITLE NAME 5.2 NAME STREET ADORESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP 300002412865 Pange DELETE TITLE 6.1 TITLE -01/27/98--01033--005 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***81.25

CITY-ST-ZIP 6.4 CITY-ST-ZIP 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.

Frank Ippolito-President / .-.

CR2E037

FILED

Jan 26 1998 8:00am

Secretary of State

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1998



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Principal Place of Business Mailing Address															
1474-A W. 84TH ST. 1474-A W. 84TH ST. HIALEAH FL 33014											Date Incorporated or Qualified 07/25/1997 FEI Number	d		——	
										7,	FEI NUMBEI		μ		lied For Applicable
2. Principal Place of Business 21					2a. Mailing Address 26					5.	Certificate of Status Desired				Iditional
Suite, Apt. #, etc.					Suite, Apt. #, etc.					6.	Election Campaign Financing			e Requ 00 Ma	
22				27							Trust Fund Contribution			ed to F	
Ofty & State				City & State						7.	Is this nonprofit corporation a		rs associ	ation?	
Žίρ		Count	ry		Zip	\vdash	puntry		- 1		This corporation owes or has p	•	_ `	_	•
24 1	9. Name and Address of Curre						0			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					No
•	4. Name	ana Agor	ess of Current h	eā is	erec Agent		81	Name		v.	MBILLS SUC WOOLSTS OF MS.M.	Jegistalan	Agent		
	LIBOUAD														
OSMAN, L. MICHAEL 1474-A W. 84TH ST.							82	Street A	Address	(P.	O. Box Number is Not Accept	able)			
14/4-A W. 6411 St. 14/4-A W. 6411 St.							83				, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,				
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11. Pursuant office or i agent. La	to the provision regi <mark>ste</mark> red age am fam iliar wit	ons of Sec ent, or bot h, and ac	stions 617.0502 a h, in the State of cept the obligatio	nd 6° Floric ns of	17.1508, Florida Statu la. Such change was , Section 617.0503, F	ites, the authoriz Iorida St	above ed by atutes	e-named the corp i.	corporat oration's	tion s be	n submits this statement for the oard of directors. I hereby acc	e purpose control the app	of changir pointmen	ng its r t as re	registered gistered
SIGNATURE															
Signature, typed or printed name of registered agent and title II applicable. (NOTE: F 12. OFFICERS AND DIRECTORS								nt signature	w beniupor		reinstating) DDITIONS/CHANGES TO OFF	DATE	D DIBEC:	rors.	IN 12
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4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

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4.4 CITY - ST- ZIP

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Frank Ippolito-President /

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Addition