

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 737893

Entity Name: ROYAL OAKS CONDOMINIUM ASSOCIATION OF NORTH MIAMI
BEACH, INC.

Current Principal Place of Business:

441 N.E. 195TH ST.
MIAMI, FL 33173

Current Mailing Address:

C/O TRUST MANAGEMENT SERVICES GROUP
8051 W 24TH AVE SUITE 10
HIALEAH, FL 33016 US

FEI Number: 59-1718855

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALAYON AND ASSOCIATES P.A
135 SAN LORENZO AVE
SUITE 820 (PENTHOUSE)
CORAL GABLES,, FL 33146 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: RICHARD ALAYON

05/16/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MARTINEZ, JULIO
Address C/O TRUST MANAGEMENT SERVICES
GROUP
8051 W 24TH AVE SUITE 10
City-State-Zip: HIALEAH FL 33016

Title DIRECTOR
Name GOMEZ, MARY
Address C/O TRUST MANAGEMENT SERVICES
GROUP
8051 W 24TH AVE SUITE 10
City-State-Zip: HIALEAH FL 33016

Title DIRECTOR
Name GARCIA-WALLIS, EZEQUIEL
Address C/O TRUST MANAGEMENT SERVICES
GROUP
8051 W 24TH AVE SUITE 10
City-State-Zip: HIALEAH FL 33016

Title TREASURER
Name VAZQUEZ, GABRIELA
Address C/O TRUST MANAGEMENT SERVICES
GROUP
8051 W 24TH AVE SUITE 10
City-State-Zip: HIALEAH FL 33016

Title DIRECTOR
Name CARVAJAL, MARIANELA
Address C/O TRUST MANAGEMENT SERVICES
GROUP
8051 W 24TH AVE SUITE 10
City-State-Zip: HIALEAH FL 33016

Title DIRECTOR
Name GONDIM, PAULO L.
Address C/O TRUST MGT SERVICES GROUP
8051 W 24TH AVE SUITE 10
City-State-Zip: HIALEAH FL 33016

Title VP
Name CASTRO, DAVID
Address C/O TRUST MANAGEMENT SERVICES
GROUP
8051 W 24TH AVE SUITE 10
City-State-Zip: HIALEAH FL 33016

Title DIRECTOR
Name MONACO, ADRIANA
Address C/O TRUST MANAGEMENT SERVICES
GROUP
8051 W 24TH AVE SUITE 10
City-State-Zip: HIALEAH FL 33016

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I hereby 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 all other like empowered.

SIGNATURE: ZAMORA , ALEXANDRA

P

05/16/2024

Officer/Director Detail Continued :

Title SECRETARY
Name ROMAGNOLI, NATALIA
Address C/O TRUST MANAGEMENT SERVICES GROUP
8051 W 24TH AVE SUITE 10
City-State-Zip: HIALEAH FL 33016

Title PRESIDENT
Name ZAMORA, ALEXANDRA
Address C/O TRUST MANAGEMENT SERVICES GROUP
8051 W 24TH AVE SUITE 10
City-State-Zip: HIALEAH FL 33016

Title DIRECTOR
Name URRUTIA, VLADIMIR
Address C/O TRUST MANAGEMENT SERVICES
GROUP
8051 W 24TH AVE SUITE 10
City-State-Zip: HIALEAH FL 33016

Title DIRECTOR
Name COLON, FELIMAR
Address C/O TRUST MANAGEMENT SERVICES
GROUP
8051 W 24TH AVE SUITE 10
City-State-Zip: HIALEAH FL 33016