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 06/19/2024

> Date Electronic Signature of Registered Agent

> > Name

Title

Title

CASTRO, DAVID

DIRECTOR

PRESIDENT

FILED

Jun 19, 2024

Secretary of State 6467906863CC

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name GOMEZ, MARY Name GONDIM, PAULO L.

C/O TRUST MANAGEMENT SERVICES C/O TRUST MGT SERVICES GROUP Address Address

GROUP 8051 W 24TH AVE SUITE 10

8051 W 24TH AVE SUITE 10 City-State-Zip: HIALEAH FL 33016

City-State-Zip: HIALEAH FL 33016

٧P Title Title DIRECTOR

GARCIA-WALLIS, EZEQUIEL Name Address C/O TRUST MANAGEMENT SERVICES

C/O TRUST MANAGEMENT SERVICES **GROUP** Address

GROUP 8051 W 24TH AVE SUITE 10

8051 W 24TH AVE SUITE 10 City-State-Zip: HIALEAH FL 33016

City-State-Zip: HIALEAH FL 33016

Title **TREASURER** Name MONACO, ADRIANA

Name VAZQUEZ, GABRIELA Address C/O TRUST MANAGEMENT SERVICES

Address C/O TRUST MANAGEMENT SERVICES **GROUP**

GROUP 8051 W 24TH AVE SUITE 10

8051 W 24TH AVE SUITE 10 HIALEAH FL 33016 City-State-Zip:

City-State-Zip: HIALEAH FL 33016

Title **SECRETARY** Name ZAMORA, ALEXANDRA

Name ROMAGNOLI, NATALIA Address C/O TRUST MANAGEMENT SERVICES

GROUP Address

C/O TRUST MANAGEMENT SERVICES

GROUP 8051 W 24TH AVE SUITE 10 8051 W 24TH AVE SUITE 10

City-State-Zip: HIALEAH FL 33016 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.

Ρ 06/19/2024 SIGNATURE: ZAMORA, ALEXANDRA

Officer/Director Detail Continued:

Title DIRECTOR

Name COLON, FELIMAR

Address C/O TRUST MANAGEMENT SERVICES GROUP

8051 W 24TH AVE SUITE 10

City-State-Zip: HIALEAH FL 33016