2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 12, 2024
Secretary of State
1324737496CC

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 12/12/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

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

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

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

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

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

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

Title	DIRECTOR
Name	ZAMORA, ALEXANDRA
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: MONCEBATE , MARIA P 12/12/2024

Officer/Director Detail Continued :

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

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

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