

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737893

Entity Name: ROYAL OAKS CONDOMINIUM ASSOCIATION OF NORTH MIAMI BEACH, INC.**FILED**
Feb 16, 2018
Secretary of State
CC6789144061**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:**FRANK PEREZ-SIAM, P.A.
7001 SW 87TH COURT
MIAMI, FL 33173 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P	Title	VP
Name	SOTOLONGO, PEDRO	Name	CLAUDIO, SONIA
Address	2530 WEST 78 ST BAY 1	Address	C/O TRUST MANAGEMENT SERVICES GROUP 8051 W 24TH AVE SUITE 10
City-State-Zip:	HIALEAH FL 33016	City-State-Zip:	HIALEAH FL 33016
Title	DIRECTOR	Title	TREASURER
Name	GUILLET, SANDRA	Name	BAZHENOVA, NATALIA
Address	C/O TRUST MANAGEMENT SERVICES GROUP 8051 W 24TH AVE SUITE 10	Address	C/O TRUST MGT SERVICES GROUP 8051 WEST 24TH AVE 10
City-State-Zip:	HIALEAH FL 33016	City-State-Zip:	HIALEAH FL 33016
Title	DIRECTOR	Title	DIRECTOR
Name	BILOUS, VASYL	Name	RODARTE, AL
Address	C/O TRUST MGT SERVICES GROUP 8051 WEST 24TH AVE 10	Address	C/O TRUST MANAGEMENT SERVICES GROUP 8051 W 24TH AVE SUITE 10
City-State-Zip:	HIALEAH FL 33016	City-State-Zip:	HIALEAH FL 33016
Title	SECRETARY		
Name	FORMAN, IRA		
Address	C/O TRUST MANAGEMENT SERVICES GROUP 8051 W 24TH AVE SUITE 10		
City-State-Zip:	HIALEAH FL 33016		

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: SOTOLONGO , PEDRO**P****02/16/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date