

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737893

Entity Name: ROYAL OAKS CONDOMINIUM ASSOCIATION OF NORTH MIAMI BEACH, INC.**FILED**
Feb 19, 2021
Secretary of State
8738178783CC**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:**RICHARD ALAN ALAYON, ESQ.
135 SAN LORENZO AVENUE
SUITE 820
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 ALAN ALAYON,**02/19/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name MARTINEZ, DOMINGO
Address C/O TRUST MGT SERVICES GROUP
8051 W 24TH AVE SUITE 10
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

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

Title TREASURER
Name RESNICK, JANICE
Address C/O TRUST MGT 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 PERCIVAL, ERIC
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: PEDRO SOTOLONGO**P****02/19/2021**

Officer/Director Detail Continued :

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

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

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