2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2019
Secretary of State
0739045284CC

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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:

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, 01/10/2019

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	MONCEBATE, MARIA
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	BAZHENOVA, NATALIA
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

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 01/10/2019

Electronic Signature of Signing Officer/Director Detail — Date