2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2024
Secretary of State
7246239352CC

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:

DAVID D. IGLESIAS, ESQ.
15800 PINES BLVD
SUITE 303
PEMBROKE PINES, FL 33027 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: DAVID D. IGLESIAS 02/23/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

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

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

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

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

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

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

Title	DIRECTOR
Name	MONACO, ADRIANA
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: ZAMORA , ALEXANDRA PRESIDENT 02/23/2024

Officer/Director Detail Continued :

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

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