

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

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:

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,

04/03/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

Title VP
Name PERCIVAL, ERIC
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

Continues on page 2

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: MARTINEZ , JULIO

P

04/03/2023

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