

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 30 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 712167 (6)**  
 1. Corporation Name  
**THE ROYAL POINCIANA CHAPEL, INC.**



Principal Place of Business 60 COCOANUT ROW PALM BEACH FL 33480 US	Mailing Address 60 COCOANUT ROW PALM BEACH FL 33480 US
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3. Date Incorporated or Qualified  
**01/26/1967**

4. FEI Number <b>71-2167601</b>	Applied For Not Applicable
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**MITTON, BEVERLY B.**  
**60 COCANUT ROW**  
**PALM BEACH FL 33065**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Beverly B. Mitton DATE 1/23/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDOLPH, JOHN C	1.2 NAME	CHARLES H. WARWICK, III
STREET ADDRESS	6201 S FLAGLER DR	1.3 STREET ADDRESS	100 ROYAL PALM WAY, #1F
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLATON, GEORGE C	2.2 NAME	MCLENDON, SAMUEL
STREET ADDRESS	430 AUSTRALIAN AVE	2.3 STREET ADDRESS	300 S. OCEAN BLVD.
CITY-ST-ZIP	PALM BCH. FL	2.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLEMBIEWSKI, JUDY	3.2 NAME	ALBAN, JR., JAMES
STREET ADDRESS	3500 WHITEHALL DR	3.3 STREET ADDRESS	401 WORTH AVENUE
CITY-ST-ZIP	W PALM BEACH FL	3.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMICHAEL, DONALD	4.2 NAME	MATTHEWS, GEORGE G.
STREET ADDRESS	301 RIDGEWAY DRIVE	4.3 STREET ADDRESS	417 CHILIAN AVENUE
CITY-ST-ZIP	PALM BEACH FL	4.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUDON, CHESTER	5.2 NAME	SLATON, GEORGE C.
STREET ADDRESS	3434 SOUTHERN CAY DRIVE	5.3 STREET ADDRESS	430 AUSTRALIAN AVENUE
CITY-ST-ZIP	JUPITER FL 33477	5.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	MITTON, BEVERLY B.	6.2 NAME	
STREET ADDRESS	60 COCOANUT ROW	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beverly B. Mitton DATE 1/23/98

CR2E037 (10/97)