

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770771 (4)
 1. Corporation Name
ROYAL PALM OWNERS ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
5899 WHITFIELD SUITE 107 SARASOTA FL 34243 US		5899 WHITFIELD SUITE 107 SARASOTA FL 34243 US	
21	2. Principal Place of Business	2a	2a. Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country
30		30	

3. Date Incorporated or Qualified
10/17/1983

4. FEI Number
59-2388439

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

AM - ADVANCED MANAGEMENT
5899 WHITFIELD AVE. SUITE 107
SARASOTA FL 34243

10. Name and Address of New Registered Agent

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

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 Douglas E. Wilson **Douglas E. Wilson President** **4-3-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HILL, WILLARD	
STREET ADDRESS	5318 ROYAL PALM AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WUERTZ, MICHAEL	
STREET ADDRESS	5330 ROYAL PALM AVENUE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HALL, ROBERT	
STREET ADDRESS	5372 ROYAL PALM AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ENGLANDER, RICHARD	
STREET ADDRESS	5508 CONTENTO DR	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WEAR, ROBERT	
STREET ADDRESS	5316 ROYAL PALM AVE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WUERTZ, MICHAEL	
STREET ADDRESS	5330 ROYAL PALM AVE.	
CITY-ST-ZIP	SARASOTA FL 34234	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MCCOY, MARILYN	
1.3 STREET ADDRESS	5354 ROYAL PALM AVE.	
1.4 CITY-ST-ZIP	SARASOTA, FL 34234	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HARTKOFF, RUDOLF	
2.3 STREET ADDRESS	5312 ROYAL PALM AVE.	
2.4 CITY-ST-ZIP	SARASOTA, FL 34234	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KIHS, FRANK	
3.3 STREET ADDRESS	5374 ROYAL PALM DRIVE	
3.4 CITY-ST-ZIP	SARASOTA, FL 34234	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WYNN, CHERYL	
4.3 STREET ADDRESS	5308 ROYAL PALM AVE.	
4.4 CITY-ST-ZIP	SARASOTA, FL 34234	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Michael Wuertz **Michael Wuertz President** **4-3-98**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066034

CR2E037 (10/97)