

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90129 032 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 770771**

1. Corporation Name  
**ROYAL PALM OWNERS ASSOCIATION, INC.**

Principal Place of Business 5899 WHITFIELD SUITE 107 SARASOTA FL 34243 US	Mailing Address 5899 WHITFIELD SUITE 107 SARASOTA FL 34243 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 10/17/1983	4. FEI Number 59-2388439	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

AMI - 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	S <input type="checkbox"/> DELETE	1.1 TITLE	MACCONNELL, MARILYN <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACCONNELL, MARILYN	1.2 NAME	MACCONNELL, MARILYN
STREET ADDRESS	5354 ROYAL PALM AVENUE	1.3 STREET ADDRESS	5354 ROYAL PALM AVE
CITY-ST-ZIP	SARASOTA FL 34234	1.4 CITY-ST-ZIP	SAR FL - 34234
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	HARTKOFF, RUDOLF <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTKOFF, RUDOLF	2.2 NAME	HARTKOFF, RUDOLF
STREET ADDRESS	5312 ROYAL PALM AVENUE	2.3 STREET ADDRESS	5312 ROYAL PALM AVE
CITY-ST-ZIP	SARASOTA FL 34234	2.4 CITY-ST-ZIP	SAR FL - 34234
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	KIHS, FRANK <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIHS, FRANK	3.2 NAME	KIHS, FRANK
STREET ADDRESS	5374 ROYAL PALM AVENUE	3.3 STREET ADDRESS	5374 ROYAL PALM AVE
CITY-ST-ZIP	SARASOTA FL 34234	3.4 CITY-ST-ZIP	SAR FL 34234
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD BALONIN, VIRGINIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYNN, CHERYL	4.2 NAME	BALONIN, VIRGINIA
STREET ADDRESS	5308 ROYAL PALM AVENUE	4.3 STREET ADDRESS	5308 ROYAL PALM AVE
CITY-ST-ZIP	SARASOTA FL 34234	4.4 CITY-ST-ZIP	SAR. FL - 34234
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	DP WUERTZ, MICHAEL <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WUERTZ, MICHAEL	5.2 NAME	WUERTZ, MICHAEL
STREET ADDRESS	5330 ROYAL PALM AVE.	5.3 STREET ADDRESS	5330 ROYAL PALM AVE
CITY-ST-ZIP	SARASOTA FL 34234	5.4 CITY-ST-ZIP	SAR. FL 34234
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	MACCONNELL, MARILYN <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MACCONNELL, MARILYN
1.3 STREET ADDRESS	5354 ROYAL PALM AVE
1.4 CITY-ST-ZIP	SAR FL - 34234
2.1 TITLE	HARTKOFF, RUDOLF <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HARTKOFF, RUDOLF
2.3 STREET ADDRESS	5312 ROYAL PALM AVE
2.4 CITY-ST-ZIP	SAR FL - 34234
3.1 TITLE	KIHS, FRANK <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KIHS, FRANK
3.3 STREET ADDRESS	5374 ROYAL PALM AVE
3.4 CITY-ST-ZIP	SAR FL 34234
4.1 TITLE	TD BALONIN, VIRGINIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BALONIN, VIRGINIA
4.3 STREET ADDRESS	5308 ROYAL PALM AVE
4.4 CITY-ST-ZIP	SAR. FL - 34234
5.1 TITLE	DP WUERTZ, MICHAEL <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WUERTZ, MICHAEL
5.3 STREET ADDRESS	5330 ROYAL PALM AVE
5.4 CITY-ST-ZIP	SAR. FL 34234
6.1 TITLE	
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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (11/98)