

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 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 # N48459 (4)
 1. Corporation Name
ROYAL PALM PLAYERS, INC.

Principal Place of Business 333 PARK AVE. #4 BOCA GRANDE FL 33921 US	Mailing Address P.O. BOX 954 BOCA GRANDE FL 33921
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3. Date Incorporated or Qualified
04/21/1992

4. FEI Number
65-0330458

Applied For	
Not Applicable	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

BATSEL, C. GUY
1861 PLACIDA RD.
SUITE 104
ENGLEWOOD FL 34223

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, DEBORAH V	1.2 NAME	
STREET ADDRESS	PO BOX 1176/ 176 GULF BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOLLEY, PETER	2.2 NAME	
STREET ADDRESS	P O BOX 1421/ 1120 11TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINES, JEFF	3.2 NAME	
STREET ADDRESS	PO BOX 5/ 381 PALM AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ROBERT	4.2 NAME	
STREET ADDRESS	PO BOX 584/ 1 BOCA BAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWDITCH, ANNA	5.2 NAME	
STREET ADDRESS	PO BOX 421/ S GULF BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL	5.4 CITY-ST-ZIP	
TITLE	AD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, KRISTINA	6.2 NAME	
STREET ADDRESS	2079 PENNSYLVANIA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GROVE CITY 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: *Deborah V Baker* **DEBORAH V BAKER** 1/8/98 9640733

CR2E037 (10/97)