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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90037 010 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48459

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/21/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0330458
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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 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 85 Zip Code
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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. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, DEBORAH V PO BOX 1176/ 176 GULF BLVD BOCA GRANDE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Sholley, Peter POB 1421/1120 11th St Boca Grande FL 33921 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHOLLEY, PETER P O BOX 1421/ 1120 11TH ST BOCA GRANDE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPD Young, Robert POB 584/1 Boca Bay Boca Grande, FL 33921 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAINES, JEFF PO BOX 5/ 381 PALM AVE. BOCA GRANDE FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD Gaines, Jeff POB 5/381 Palm Ave Boca Grande, FL 33921 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YOUNG, ROBERT PO BOX 584/ 1 BOCA BAY BOCA GRANDE FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD Asher, Dana McCoy POB 634/385 Barbarossa St. Boca Grande, FL 33921 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWDITCH, ANNA PO BOX 421/ S GULF BLVD BOCA GRANDE FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SD Wood, Jean POB 1304/Boca Grande Club Boca Grande, FL 33921 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD JOHNSON, KRISTINA 2079 PENNSYLVANIA AVE GROVE CITY FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dana McCoy Asher, TD 13 Jan 99 941 964 0711
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)