

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 12, 2007 8:00 am
Secretary of State

05-16-2007 90022 019 ****61.25

DOCUMENT # N97000004260			
1. Entity Name ROYAL PALM GOLF ESTATES HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 18100 ROYAL TREE PARKWAY NAPLES, FL 34114		Mailing Address 18100 ROYAL TREE PARKWAY NAPLES, FL 34114	
2. Principal Place of Business - No P.O. Box # KRAMER TREAD MGMT		3. Mailing Address	
Suite, Apt. #, etc. 3050 HORSESHOE DR. N, #275		Suite, Apt. #, etc. 3050 HORSESHOE DR. N, #275	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34104	Country	Zip 34104	Country
4. FEI Number 59-3514643		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZEDECK, LEONARD E 13790 NW 4TH ST STE 113 SUNRISE, FL 33325		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agents signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOM, ASHLEY 1551 HANSON STREET SARASOTA, FL 34231 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSS, LEONARD 13050 BRIDGEFORD AVE BONITA SPRINGS, FL 34135 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOM, HOWARD 4281 LIVE OAK BLVD. DELRAY BEACH, FL 33445 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEONARD NOLAN (D) ☐ Change ☒ Addition 18030 BLUEWATER DR. NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael HUTSON (D) ☐ Change ☒ Addition 18397 ROYAL HAMMOCK BLVD NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Michael Monow Agent		4/13/07 239-263-1577	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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