

FILED
May 01, 2007 8:00 am
Secretary of State

DOCUMENT # P06000046060					
1. Entity Name ROYAL PALM INSURANCE COMPANY					
Principal Place of Business 140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176			Mailing Address 140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Country	
6. Name and Address of Current Registered Agent					
CHIEF FINANCIAL OFFICER DIVISION OF LEGAL SERVICES 200 EAST GAINES STREET TALLAHASSEE, FL 32314					Name
					Street Address
					City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5 Ad	
10. OFFICERS AND DIRECTORS					
TITLE		NAME		☐ Delete	
STREET ADDRESS		BURT, LOCKWOOD W			
CITY - ST - ZIP		140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176			
TITLE		NAME		☐ Delete	
STREET ADDRESS		DIPARDO, A.L.			
CITY - ST - ZIP		140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176			
TITLE		NAME		☐ Delete	
STREET ADDRESS		BRADLEY, ROSEANN M			
CITY - ST - ZIP		140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176			
TITLE		NAME		☐ Delete	
STREET ADDRESS		TD BROCKSMITH, DONALD G			
CITY - ST - ZIP		140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176			
TITLE		NAME		☒ Delete	
STREET ADDRESS		D MURPHY, BRIAN S			
CITY - ST - ZIP		140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176			
TITLE		NAME		☒ Delete	
STREET ADDRESS		D GOVRIN, DAVID E			
CITY - ST - ZIP		140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176			
11.					
TITLE		NAME		☐ Delete	
STREET ADDRESS		D BURT, LOCKWOOD W			
CITY - ST - ZIP		140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176			
TITLE		NAME		☐ Delete	
STREET ADDRESS		DIPARDO, A.L.			
CITY - ST - ZIP		140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176			
TITLE		NAME		☐ Delete	
STREET ADDRESS		BRADLEY, ROSEANN M			
CITY - ST - ZIP		140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176			
TITLE		NAME		☐ Delete	
STREET ADDRESS		TD BROCKSMITH, DONALD G			
CITY - ST - ZIP		140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176			
TITLE		NAME		☒ Delete	
STREET ADDRESS		D MURPHY, BRIAN S			
CITY - ST - ZIP		140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176			
TITLE		NAME		☒ Delete	
STREET ADDRESS		D GOVRIN, DAVID E			
CITY - ST - ZIP		140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60, F.S., changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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04302007 Chg-P CR2E034 (12/06)

4. FEI Number 02-0772872	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIEF FINANCIAL OFFICER
DIVISION OF LEGAL SERVICES
200 EAST GAINES STREET
TALLAHASSEE, FL 32314

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating.)

DATE _____

FILE NOW!!! FEE IS \$150.00
or May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Deleted
NAME	BURT, LOCKWOOD W	
STREET ADDRESS	140 SOUTH ATLANTIC AVENUE, SUITE 400	
CITY - ST - ZIP	ORMOND BEACH, FL 32176	

TITLE	V	☐ Delete
NAME	DIPARDO, A.L.	
STREET ADDRESS	140 SOUTH ATLANTIC AVENUE, SUITE 400	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	

TITLE	S	☐ Deleted
NAME	BRADLEY, ROSEANN M	
STREET ADDRESS	140 SOUTH ATLANTIC AVENUE, SUITE 400	
CITY - ST - ZIP	ORMOND BEACH, FL 32176	

TITLE	TD	☐ Deleted
NAME	BROCKSMITH, DONALD G	
STREET ADDRESS	140 SOUTH ATLANTIC AVENUE, SUITE 400	
CITY - ST - ZIP	ORMOND BEACH, FL 32176	

TITLE	D	☒ Delete
NAME	MURPHY, BRIAN S	
STREET ADDRESS	140 SOUTH ATLANTIC AVENUE, SUITE 400	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	

TITLE	D	☒ Deleted
NAME	GOVRIN, DAVID E	
STREET ADDRESS	140 SOUTH ATLANTIC AVENUE, SUITE 400	
CITY - ST - ZIP	ORMOND BEACH, FL 32176	

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	D	☐ Change	☒ Addition
NAME	DUNCAN GOLDIE-MORRISON		
STREET ADDRESS	140 S. ATLANTIC AVE #400		
CITY-ST-ZIP	ORMONA BEACH FL 32176		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 607, 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:

Donald J. Grockwitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07 (386) 677-4453

DONALD G BROCKSMITH

40095291

#P06000046060



SF1H

Online Payment System

PAYMENT RECEIPT	
Transaction Amount:	\$55.00
Email Address:	Brocksmith@ormondre.com
Date/Time Paid:	04/30/2007 14:40:34
Payment ID Number:	19395200
Reference Number:	300099873113
Thank you for using the LINK2GOV Online Payment System. Print this receipt for your records. You MUST select continue in order to receive your CONFIRMATION from the State.	

[Continue](#)