

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **706601** (2)

1. Corporation Name

ROYAL PALM CLUB OF NAPLES, INC.



Principal Place of Business

Mailing Address

C/O TRAMCO, INC.
5085 TAMiami TR. E.
NAPLES FL 33962
US

C/O TRAMCO, INC.
5085 TAMiami TR. E.
NAPLES FL 33962
US

3. Date Incorporated or Qualified
12/26/1963

3a. Date of Last Report
06/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-1083213

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MART, GARY K
C/O TRAMCO, INC.
5085 TAMiami TRAIL E.
NAPLES FL 33962

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	INGRAM, HERB	
STREET ADDRESS	5085 TAMiami TRE.	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MURPHY, CATHERINE	
STREET ADDRESS	5085 TAMiami TRE.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STALLARD, HELEN	
STREET ADDRESS	5085 TAMiami TRE.	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BERKUM, ROBERT V	
STREET ADDRESS	5085 TAMiami TRE.	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRENNAN, JOHN	
STREET ADDRESS	5085 TAMiami TRE	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PHIL ROBERTSON	
1.3 STREET ADDRESS	5085 Tamiami Tr. E.	
1.4 CITY-ST-ZIP	Naples, FL 33962	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROB NARDINI	
3.3 STREET ADDRESS	5085 Tamiami Trail E.	
3.4 CITY-ST-ZIP	Naples, FL 33962	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)