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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-1063213

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 R & P Property Management
Suite, Apt. # etc.
22 265 Airport Rd. So.
City & State
23 Naples, FL
Zip
24 34104
Country
25 Collier

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Suite, Apt. # etc.
28 265 Airport Rd. So.
City & State
29 Naples, FL
Zip
30 34104
Country
31 Collier

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

10. Name and Address of New Registered Agent

MART, GARY K
C/O TRAMCO, INC.
5085 TAMiami TRAIL E.
NAPLES FL 34113

81 Name

R & P PROPERTY MANAGEMENT

82 Street Address (P.O. Box Number Is Not Acceptable)

265 AIRPORT ROAD So.

83

84 City

NAPLES

FL

85 Zip Code

34104

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

Ralph H. Hinchley

2/25/98

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PHIL ROBERTSON	
STREET ADDRESS	5085 TAMiami TR. E.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WILLET, FOSTER	
STREET ADDRESS	5085 TAMiami TRAIL E.	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HINCKLEY, RALPH	
STREET ADDRESS	5085 TAMiami TRE.	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ROB NARDINI	
STREET ADDRESS	5085 TAMiami TR. E.	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WARE, PAT	
STREET ADDRESS	5085 TAMiami TRE	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RALPH HINCKLEY	
1.3 STREET ADDRESS	2121 GULFShore Blvd. N. 301	
1.4 CITY-ST-ZIP	NAPLES, FL 34102	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARION MALONE	
2.3 STREET ADDRESS	2121 GULFShore Blvd. N. 207	
2.4 CITY-ST-ZIP	NAPLES, FL 34102	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT BROAD	
3.3 STREET ADDRESS	2121 GULFShore Blvd. N THE	
3.4 CITY-ST-ZIP	NAPLES, FL 34102	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLET FOSTER	
4.3 STREET ADDRESS	2121 GULFShore Blvd. N. 108	
4.4 CITY-ST-ZIP	NAPLES, FL 34102	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GUERIN BENNETT	
5.3 STREET ADDRESS	2121 GULFShore Blvd. N 303	
5.4 CITY-ST-ZIP	NAPLES, FL 34102	
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 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:

Ralph H. Hinchley

2/25/98 941-643-3353

CR2E037 (1097)