2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # 706601 1. Entity Name ROYAL PALM CLUB OF NAPLES, INC.					05-	.02-2005 90	973 050 ****61	.25
Principal Place of Business 2685 HORSESHOE DRIVE SOUTH, STE. 215 NAPLES, FL 34104 US Mailing Address 2685 HORSESHOE DRIVE SOUTH, STE NAPLES, FL 34104 US NAPLES, FL 34104 US				TH, STE. 215	4 11 (11 (11 (11 (11 (11 (11 (11 (11 (11	Dilled Billik danak kian i	11711 11811 11 1 11 Altin 4811 1	1/15 1 11 11
2. Principal Place of Business		3. Mailing Address					According to the second	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04142005 CI	ng-NP	CR2E037 (10/03)	
City & State		City & State			4. FEI Number 59-108321	2	Α	pplied For
Zip	Country	Zip		untry	5. Certificate of St		☐ \$8.75 Ad	
	6. Name and Address of Current I	Pagistered Agent		1	7. Name and Add	roop of New Pr	Fee Require	ea
	6. Name and Address of Current	negistered Agent		Name	7. Name and Add	1622 OI NEW HE	gistered Agent	
SAMOUCE, MURRELL, & GAL, P.A. 800 LAUREL OAK DRIVE SUITE #300 NAPLES, FL 34108				Street Address (P.O. Box Number is Not Acceptable)				
NAFLES, I	FL 34100			City			7:- 0	
				City			FL Zip Coo	1e
	named entity submits this statement for tions of registered agent.	the purpose of changi	ng its registere	ed office or regi	stered agent, or both, in	the State of Flor	ida. I am familiar with	, and accept
SIGNATURE .								
	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registered	d Agent signature requ	uired when reinstating)		DATE	
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2005	9. Electio	(NOTE: Registered on Campaign F fund Contributi	Financing	\$5.00 May Be Added to Fees	l	DATE ake check payable da Department of S	
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12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05

<u>549-0065</u>

Date