

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Aug 29, 2006 8:00 am
Secretary of State

05-01-2006 90470 046 ****61.25

DOCUMENT # 706601					
1. Entity Name ROYAL PALM CLUB OF NAPLES, INC.					
Principal Place of Business 2685 HORSESHOE DRIVE SOUTH, STE. 215 NAPLES, FL 34104 US			Mailing Address 2685 HORSESHOE DRIVE SOUTH, STE. 215 NAPLES, FL 34104 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent SAMOUCÉ, MURRELL, & GAL, P.A. 800 LAUREL OAK DRIVE SUITE #300 NAPLES, FL 34108				7. Name and Address of New Registered Agent Name: <u>Stephen Breman</u> Street Address (P.O. Box Number is Not Acceptable): <u>2121 Gulfshore Blvd N #404</u> City: <u>Naples</u> FL <u>34102</u>	
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: <u>Stephen L Breman</u> Signature, typed or printed name of registered agent and state if applicable.				DATE: <u>8-22-06</u> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		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	T	☐ Delete	TITLE	DP	☐ Change ☒ Addition
NAME	BREMAN, STEPHEN		NAME	Ralph Hincley	
STREET ADDRESS	LAKE AVE, NORTHGATE #2A		STREET ADDRESS	2121 Gulfshore Blvd. N #301	
CITY-ST-ZIP	BRONXVILLE, NY 10708		CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	☒ Delete	TITLE	DS	☒ Change ☐ Addition
NAME	FOSTER, WILLET		NAME	Stephen Breman	
STREET ADDRESS	2121 GULF SHORE BLVD N #108		STREET ADDRESS	2121 Gulfshore Blvd. N #404	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	Naples, FL 34102	
TITLE	P	☒ Delete	TITLE	DVP	☐ Change ☒ Addition
NAME	INGRAM, HERBERT		NAME	Lou Ann Ebert	
STREET ADDRESS	44 ELM STREET		STREET ADDRESS	2121 Gulfshore Blvd. N #105	
CITY-ST-ZIP	WORCESTER, MA 01609		CITY-ST-ZIP	Naples, FL 34102	
TITLE	S	☒ Delete	TITLE	DVP	☐ Change ☒ Addition
NAME	MARSHALL, G. PETER		NAME	Joseph DiBattista	
STREET ADDRESS	22 MEISNERS PT. RD.		STREET ADDRESS	2121 Gulfshore Blvd. N. #308	
CITY-ST-ZIP	INGRAM PORT, NOVA SCOTIA, CA b3z 2z5		CITY-ST-ZIP	Naples, FL 34102	
TITLE	DVP	☒ Delete	TITLE	DT	☐ Change ☒ Addition
NAME	NARDINI, ROBERT		NAME	Charles Wiers	
STREET ADDRESS	2121 GULF SHORE BLVD N. #304		STREET ADDRESS	2121 Gulfshore Blvd. N #104	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	Naples, FL 34102	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <u>STEPHEN L BREMAN</u> <u>Stephen Breman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: _____ Daytime Phone: _____					