

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706601

**Entity Name:** ROYAL PALM CLUB OF NAPLES, INC.**Current Principal Place of Business:**C/O RESORT MANGEMENT  
2685 HORSESHOE DR. S. # 215  
NAPLES, FL 34104**Current Mailing Address:**C/O RESORT MANAGEMENT  
2685 HORSESHOE DR. S. #215  
NAPLES, FL 34104 US**FEI Number:** 59-1083213**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RESORT MANAGEMENT  
C/O RESORT MANAGEMENT  
2685 HORSESHOE DR. S. #215  
NAPLES, FL 34104 US*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.***SIGNATURE:** ROBERT ROSENOW

04/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP II  
Name LESS, PAULA  
Address C/O RESORT MANGEMENT  
2685 HORSESHOE DR. S. # 215  
City-State-Zip: NAPLES FL 34104

Title PRESIDENT  
Name MCNALLY, JAMES  
Address C/O RESORT MANAGEMENT  
2685 HORSESHOE DR. S. #215  
City-State-Zip: NAPLES FL 34104

Title TREASURER  
Name LACK, SIMON  
Address C/O RESORT MANAGEMENT  
2685 HORSESHOE DR. S. #215  
City-State-Zip: NAPLES FL 34104

Title VP I  
Name CHURBRICH, MICHAEL  
Address C/O RESORT MANGEMENT  
2685 HORSESHOE DR. S. # 215  
City-State-Zip: NAPLES FL 34104

Title SECRETARY  
Name GRISSINGER, MICHAEL  
Address C/O RESORT MANGEMENT  
2685 HORSESHOE DR. S. # 215  
City-State-Zip: NAPLES FL 34104

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES MCNALLY

PRESIDENT

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date