## 2022 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 04/07/2022

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title **PRESIDENT** 

Name LESS, PAULA Name MCNALLY, JAMES

C/O RESORT MANGEMENT Address Address C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. # 215 2685 HORSESHOE DR. S. #215

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title **TREASURER** Title VP I

Name LACK, SIMON Name CHURBRICH, MICHAEL

Address C/O RESORT MANAGEMENT Address C/O RESORT MANGEMENT

2685 HORSESHOE DR. S. #215 2685 HORSESHOE DR. S. # 215

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

**SECRETARY** Title

GRISSINGER, MICHAEL Name

C/O RESORT MANGEMENT Address

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: MICHAEL GRISSINGER

SECRETARY

04/07/2022

**FILED** Apr 07, 2022

**Secretary of State** 

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