## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 706601** 

Entity Name: ROYAL PALM CLUB OF NAPLES, INC.

FILED Apr 07, 2021 Secretary of State 0373973503CC

## **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 04/07/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP II Title PRESIDENT

Name LESS, PAULA Name MCNALLY, JAMES

Address C/O RESORT MANGEMENT 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

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