

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007010

**Entity Name:** ROYAL PALMS OF ST. LUCIE, INC.

**Current Principal Place of Business:**

3350 TRINITY CIRCLE  
FORT PIERCE, FL 34945

**Current Mailing Address:**

P.O. BOX 12334  
FORT PIERCE, FL 34979 US

**FEI Number: 02-0643004**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CANO, GRISELL  
2931 MCNEIL RD  
FORT PIERCE, FL 34981 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: GRISELL CANO**

**03/26/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SIMON, FABIOLA  
Address        P.O. BOX 12334  
City-State-Zip: FORT PIERCE FL 34979

Title            TREASURER  
Name            CANO, GRISELL  
Address        P.O. BOX 12334  
City-State-Zip: FORT PIERCE FL 34979

Title            VP  
Name            GARCY, SHEENA  
Address        P.O. BOX 12334  
City-State-Zip: FORT PIERCE FL 34947

Title            P  
Name            SIMON, FABIOLA  
Address        P.O. BOX 12334  
City-State-Zip: FORT PIERCE FL 34947

Title            T  
Name            CANO, GRISELL  
Address        P.O. BOX 12334  
City-State-Zip: FORT PIERCE FL 34947

*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: GRISELL CANO**

**TREASURER**

**03/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date