

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004095

**FILED**  
**Feb 02, 2015**  
**Secretary of State**  
**CC4650381952**

**Entity Name:** PALM ROYALE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5483/5485 LEE STREET  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

PO BOX 07367  
FORT MYERS, FL 33919 US

**FEI Number:** 20-2354154

**Certificate of Status Desired:** No

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

LANDQWEST PROPERTY MANAGEMENT, LLC  
12840 UNIVERSITY DRIVE  
FORT MYERS, FL 33907 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name REID, BRUCE  
Address 5310 E SR 64  
City-State-Zip: BRADENTON FL 34208

Title VP  
Name ORSOLINI, DONIA  
Address 2150 GOODLETTE ROAD N  
City-State-Zip: NAPLES FL 34102

Title S  
Name BUCZKO, BRIAN  
Address 2150 GOODLETTE ROAD  
City-State-Zip: NAPLES FL 34102

*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:** REID , BRUCE

P

02/02/2015

Electronic Signature of Signing Officer/Director Detail

Date