

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

DOCUMENT# N48459

**Entity Name:** ROYAL PALM PLAYERS, INC.

**Current Principal Place of Business:**

BOCA GRANDE COMMUNITY CENTER  
131 FIRST STREET W  
BOCA GRANDE, FL 33921

**Current Mailing Address:**

P.O. BOX 954  
BOCA GRANDE, FL 33921

**FEI Number:** 65-0330458

**Certificate of Status Desired:** Yes

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

POWELL, PETER  
BOCA GRANDE COMMUNITY CENTER  
131 FIRST STREET W  
BOCA GRANDE, FL 33921 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:** PETER POWELL

04/22/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name SKYPALA, ELAINE  
Address P.O. BOX 548  
City-State-Zip: BOCA GRANDE FL 33921

Title DIRECTOR  
Name WISE, D. SCOTT  
Address 133 E 80TH ST.  
City-State-Zip: NEW YORK NY 10075

Title DIRECTOR  
Name ALICE, COURT  
Address PO BOX 960  
City-State-Zip: BOCA GRANDE FL 33921

Title DIRECTOR  
Name MARTIN, ERICA RESS  
Address PO BOX 1024  
City-State-Zip: BOCA GRANDE FL 33921

Title TREASURER  
Name GRANT, JAMES  
Address 11200 HACIENDA DEL MAR  
UNIT 301  
City-State-Zip: PLACIDA FL 33946

Title DIRECTOR  
Name MARTIN, JAMES  
Address P.O. BOX 37  
City-State-Zip: BOCA GRANDE FL 33921

Title VP  
Name WHITNEY, WILLIAM  
Address P.O. BOX 1578  
823 SOUTH HARBOR DR.  
City-State-Zip: BOCA GRANDE FL 33921

Title DIRECTOR  
Name PIERCE, JULIA  
Address PO BPX 625  
City-State-Zip: BOCA GRANDE FL 33921

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*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:** JACQUELINE ALLEN

OFFICER

04/22/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ALLARDYCE, FRED  
Address PO BOX 575  
City-State-Zip: BOCA GRANDE FL 33921

Title DIRECTOR  
Name NIELSEN, ANDREA  
Address PO BOX 537  
City-State-Zip: BOCA GRANDE FL 33921

Title PRESIDENT  
Name POWELL, PETER  
Address PO BOX 1502  
City-State-Zip: BOCA GRANDE FL 33921

Title DIRECTOR  
Name SEITZ, TERRY  
Address DAMIFICARE STREET  
City-State-Zip: BOCA GRANDE FL 33921

Title DIRECTOR  
Name MCDONALD, SARAH  
Address PO BOX 1403  
City-State-Zip: BOCA GRANDE FL 33921

Title OFFICER  
Name ALLEN, JACQUELINE  
Address PO BOX 1206  
City-State-Zip: BOCA GRANDE FL 33921