

2024 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: No

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

02/02/2024

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

MANAGING DIRECTOR

02/02/2024

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