

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48459

**FILED**  
**Jan 11, 2018**  
**Secretary of State**  
**CC3139438503**

**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:**

MCCOMB, HAROLD  
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:** HAROLD MCCOMBS

01/11/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name FORRESTER, CAROL  
Address P.O. BOX 2407  
City-State-Zip: BOCA GRANDE FL 33921

Title PRESIDENT  
Name MCCOMBS, HAROLD  
Address P.O. BOX 91  
City-State-Zip: BOCA GRANDE FL 33921

Title DIRECTOR  
Name MASSELINK, PRISCILLA  
Address P.O. BOX 668  
City-State-Zip: BOCA GRANDE FL 33921

Title VP  
Name ROLLYSON, LINDA  
Address P.O. BOX 1482  
City-State-Zip: BOCA GRANDE FL 33921

Title TREASURER  
Name IKENBERRY, STANLEY DR.  
Address PO BOX 2054  
City-State-Zip: BOCA GRANDE FL 33921

Title DIRECTOR  
Name LEHRIAN, JEFF  
Address PO BOX 304  
City-State-Zip: BOCA GRANDE FL 33921

Title DIRECTOR  
Name WHIPPLE, KIMBERLY  
Address PO BOX 2113  
City-State-Zip: BOCA GRANDE FL 33921

Title DIRECTOR  
Name BELL, RANDY  
Address PO BOX 493  
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:** HAROLD MCCOMBS

PRESIDENT

01/11/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            FLETCHER, ANN  
Address        P.O. BOX 1411  
City-State-Zip: BOCA GRANDE FL 33921