

2019 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:

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

04/01/2019

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 ANN, FLETCHER
Address 1411
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 LEHRMAN, JEFF
Address PO BOX 304
City-State-Zip: BOCA GRANDE FL 33921

Title DIRECTOR
Name BELL, RANDY
Address PO BOX 493
City-State-Zip: BOCA GRANDE FL 33921

Title DIRECTOR
Name STANLEY, ROBBIE
Address P.O. BOX 1395
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

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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