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**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90010 004 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 700556**

1. Corporation Name  
**ROYAL PALM YACHT AND COUNTRY CLUB, INC.**

Principal Place of Business 2425 MAYA PALM DR WEST BOCA RATON FL 33432	Mailing Address 2425 MAYA PALM DR WEST BOCA RATON FL 33432
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/01/1960
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0873777
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SICILIANO, THOMAS V  
 980 N FEDERAL HWY SUITE 440  
 2424 N FEDERAL HWY STE 405  
 BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name  
 THOMAS V. SICILIANO  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 980 N. FEDERAL HWY, # 440  
 83  
 84 City  
 BOCA RATON FL 85 Zip Code  
 33432

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Thomas V. Siciliano* DATE: 3/25/99

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DEITRICH, MERRILL A.	
STREET ADDRESS	2275 ARECA PALM WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DRC	<input type="checkbox"/> DELETE
NAME	SICILIANO, ANTHONY N	
STREET ADDRESS	2920 VIA NAPOLI	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	MULLIGAN, RAYMOND J.	
STREET ADDRESS	700 S OCEAN BLVD., APT 1203	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LAVALLEY, RICHARD	
STREET ADDRESS	1779 SABAL PALM DR	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	DONAHUE, VINCENT P.	
STREET ADDRESS	1600 SABAL PALM DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cannon, John	
1.3 STREET ADDRESS	2871 North Ocean Blvd., Verona 163	
1.4 CITY-ST-ZIP	Boca Raton, FL 33431	
2.1 TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bill T. Smith, Jr.	
3.3 STREET ADDRESS	850 Via Cabana	
3.4 CITY-ST-ZIP	Boca Raton, FL 33432	
4.1 TITLE	DRC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Cannon* DATE: 3-25-99 DAYTIME PHONE #: 561-395-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037-11/981