



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90090 019 ****61.25

DOCUMENT # 706601 1. Entity Name ROYAL PALM CLUB OF NAPLES, INC.					
Principal Place of Business 2685 HORSESHOE DRIVE SOUTH, STE. 215 NAPLES, FL 34104 US			Mailing Address 2685 HORSESHOE DRIVE SOUTH, STE. 215 NAPLES, FL 34104 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40100658 	
City & State		City & State		4. FEI Number 59-1083213	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BREMAN, STEPHEN 2121 GULFSHORE BLVD NORTH SUITE 404 NAPLES, FL 34102				7. Name and Address of New Registered Agent Name <u>Lou Ann Ebert</u> Street Address (P.O. Box Number is Not Acceptable) <u>2121 Gulfshore Blvd. N. #105</u> City <u>Naples</u> <u>FL</u> Zip Code <u>FL</u>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Lou Ann Ebert, Treasurer</u> <u>4/18/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BREMAN, STEPHEN LAKE AVE, NORTHGATE #2A BRONXVILLE, NY 10708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D20VP Stanley, James S 2121 Gulfshore Blvd. N. #405 Naples, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BREMAN, STEPHEN 2121 GULFSHORE BLVD NORTH SUITE 404 NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Belinger, Bruce 2121 Gulfshore Blvd. N. #102 NAPLES, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EBERT, LOU ANN 2121 GULFSHORE BLVD NORTH SUITE 404 NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Ebert, Lou Ann 2121 Gulfshore Blvd. N. #105 NAPLES, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DIBATTISTA, JOSEPH 2121 GULFSHORE BLVD NORTH SUITE 308 NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D20VP Dibattista, Joseph 2121 Gulfshore Blvd. N. #308 NAPLES, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WIERS, CHARLES 2121 GULFSHORE BLVD NORTH SUITE 104 NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HINERLEY, RALPH 2121 GULFSHORE BLVD NORTH SUITE 301 NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Lou Ann Ebert				4/18/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	