FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738566 (9)

1. Corporation Name
ROYALE WOMAN'S CLUB OF BOCA RATON, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1077 BOCA RATON FL 33429	P.O. BOX 1077 BOCA RATON FL 33429

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1977
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-6223407 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KEELEY, JOSEPH F., P.A.
240 WEST PALMETTO PARK ROAD
SUITE 300
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TD ☒ Change ☐ Addition
NAME	POTVIN, BEATRICE	1.2 NAME	Skillen, Martha
STREET ADDRESS	790 ELM TREE LANE	1.3 STREET ADDRESS	6612 NW 27th Avenue
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, Fl. 33496
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	SHELLER, JANICE	2.2 NAME	Cameron, Doris
STREET ADDRESS	2917 SO OCEAN BLVD, PH-1105	2.3 STREET ADDRESS	1103 SW 11th Street
CITY-ST-ZIP	HIGHLAND BCH FL	2.4 CITY-ST-ZIP	Boca Raton, Fl. 33486
TITLE	PD	3.1 TITLE	PD ☒ Change ☐ Addition
NAME	CAWTHORNE, ELIZABETH	3.2 NAME	Smith, Virginia
STREET ADDRESS	2490 N.W. 43RD STREET	3.3 STREET ADDRESS	875 E. Camino Real #2-B
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton, Fl. 33432
TITLE	SD	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	KOBULNICKY, CATHERINE	4.2 NAME	Potvin, Beatrice
STREET ADDRESS	5439 M. VERONA DR.	4.3 STREET ADDRESS	790 SW Elm Tree Lane
CITY-ST-ZIP	BOYNTON BCH. FL	4.4 CITY-ST-ZIP	Boca Raton, Fl. 33486
TITLE	S	5.1 TITLE	S ☒ Change ☐ Addition
NAME	KRIDEL, DOROTHY	5.2 NAME	Holden, Shelby
STREET ADDRESS	1000 SPANISH RIVER RD.	5.3 STREET ADDRESS	750 S Ocean Blvd. #1-N
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	Boca Raton, Fl. 33432
TITLE	V	6.1 TITLE	V ☒ Change ☐ Addition
NAME	MULLENNIX, JUDY	6.2 NAME	Braw, Allene
STREET ADDRESS	1300 SW 20 STR	6.3 STREET ADDRESS	911 Tamarind Way
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	Boca Raton, Fl. 33486

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Beatrice I. Potvin February 24 1995 (407) 368-8208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Telephone) Number
Recording Secretary

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