

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90016 007 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 739823

1. Corporation Name

ROYAL PALM APARTMENTS, INC.

99749-90016-7

Principal Place of Business

Mailing Address

241 PALM RIVER BLVD  
 APT. C-102  
 NAPLES FL 34110

241 PALM RIVER BLVD  
 APT. C-102  
 NAPLES FL 34110



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

08/03/1977

22 City & State

27 City & State

4. FEI Number  
 59-1789547

Applied For  
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BACON, JOHN L  
 241 PALM RIVER BLVD  
 APT C-102  
 NAPLES FL 33942

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 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 *John L. Bacon*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                 |                                            |
|----------------|---------------------------------|--------------------------------------------|
| TITLE          | VD                              | <input checked="" type="checkbox"/> DELETE |
| NAME           | SQUIER, EUGENE                  |                                            |
| STREET ADDRESS | 221 PALM RIVER BLVD             |                                            |
| CITY-ST-ZIP    | NAPLES, FL 00000                |                                            |
| TITLE          | D                               | <input type="checkbox"/> DELETE            |
| NAME           | REICH, FRED                     |                                            |
| STREET ADDRESS | 281 PALM RIVER BLVD., APT. A202 |                                            |
| CITY-ST-ZIP    | NAPLES FL                       |                                            |
| TITLE          | D                               | <input type="checkbox"/> DELETE            |
| NAME           | POETKER, WILLIAM                |                                            |
| STREET ADDRESS | 281 PALM RIVER BLVD., APT. A101 |                                            |
| CITY-ST-ZIP    | NAPLES FL                       |                                            |
| TITLE          | D                               | <input type="checkbox"/> DELETE            |
| NAME           | HANCUR, GERALD                  |                                            |
| STREET ADDRESS | 201 PALM RIVER BLVD, APT E202   |                                            |
| CITY-ST-ZIP    | NAPLES FL                       |                                            |
| TITLE          | D                               | <input type="checkbox"/> DELETE            |
| NAME           | RABER, LYLE C                   |                                            |
| STREET ADDRESS | 201 PALM RIVER BLVD             |                                            |
| CITY-ST-ZIP    | NAPLES, FL 00000                |                                            |
| TITLE          |                                 | <input type="checkbox"/> DELETE            |
| NAME           |                                 |                                            |
| STREET ADDRESS |                                 |                                            |
| CITY-ST-ZIP    |                                 |                                            |

|                    |                               |                                                                              |
|--------------------|-------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          |                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | D GEORGE T. SCIUK             |                                                                              |
| 1.3 STREET ADDRESS | 281 PALM RIVER BLVD APT A-201 |                                                                              |
| 1.4 CITY-ST-ZIP    | NAPLES, FL 34110              |                                                                              |
| 2.1 TITLE          | P                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                               |                                                                              |
| 2.3 STREET ADDRESS |                               |                                                                              |
| 2.4 CITY-ST-ZIP    |                               |                                                                              |
| 3.1 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                               |                                                                              |
| 3.3 STREET ADDRESS |                               |                                                                              |
| 3.4 CITY-ST-ZIP    |                               |                                                                              |
| 4.1 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                               |                                                                              |
| 4.3 STREET ADDRESS |                               |                                                                              |
| 4.4 CITY-ST-ZIP    |                               |                                                                              |
| 5.1 TITLE          |                               | <input 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 L. Bacon* SIGNATURE REQUIRED *Reich* 1-4-99 941-591-1196

CR2E037 (1/98)