

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90080 007 ****61.25

DOCUMENT # 739823

1. Entity Name
ROYAL PALM APARTMENTS, INC.



Principal Place of Business
187 FOREST LAKES BLVD.
NAPLES, FL 34105

Mailing Address
187 FOREST LAKES BLVD.
NAPLES, FL 34105

44035094



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1789547

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRACEY, ROBERT T
187 FOREST LAKE BLVD
NAPLES, FL 34105

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD Delete
NAME GRANT, KAREN
STREET ADDRESS 261 PALM RIVER BLVD., #201
CITY-ST-ZIP NAPLES, FL 34110

TITLE VPD Delete
NAME CARUSO, RITA
STREET ADDRESS 261 PALM RIVER BLVD # 102
CITY-ST-ZIP NAPLES, FL 34110

TITLE D Delete
NAME BACON, SUZANNE
STREET ADDRESS 241 PALM RIVER BLVD
CITY-ST-ZIP NAPLES, FL 34110

TITLE TD Delete
NAME BACON, JOHN L
STREET ADDRESS 241 PALM RIVER BLVD # 102
CITY-ST-ZIP NAPLES, FL 34110

TITLE D Delete
NAME RABER, LYLE C
STREET ADDRESS 201 PALM RIVER BLVD
CITY-ST-ZIP NAPLES, FL 00000,

TITLE VPD Delete
NAME LAMBERT, PETER
STREET ADDRESS 221 PALM RIVER BLVD., #202
CITY-ST-ZIP NAPLES, FL 34110

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME *VP/D DENMAN, DEAN*
STREET ADDRESS *241 PALM RIVER BLVD. # 101*
CITY-ST-ZIP *NAPLES, FL 34110*

TITLE Change Addition
NAME *ST/D WOODS, DONNA*
STREET ADDRESS *201 PALM RIVER BLVD. #102*
CITY-ST-ZIP *NAPLES, FL 34110*

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME *SOULLE ANOY*
STREET ADDRESS *281 PALM RIVER BLVD. #101*
CITY-ST-ZIP *NAPLES, FL 34110*

12. 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 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: *Karen Grant* **KAREN BRAOT PRES.** Date *2/29/04* Daytime Phone # *566.7*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #