


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90057 019 ****61.25

| | | |
|---|--|---|
| DOCUMENT # 739823 | |  |
| 1. Entity Name ROYAL PALM APARTMENTS, INC. | | |

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| Principal Place of Business 501 GOODLETTE RD. N., STE. A-206 NAPLES, FL 34102 US | Mailing Address 4271 PEARL HARBOR DR. NAPLES, FL 34112 US |
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|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
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|---|--|
| Suite, Apt. #, etc. SUITE C-200 | Coastal Property Management 501 Goodlette Rd. N., Ste C-200 Naples, FL 34102 |
| City & State | |
| Zip | Country |

02122007 Chg-NP CR2E037 (12/06)

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-1789547 | Applied For Not Applicable |
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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 | |
| COASTAL PROPERTY MANAGEMENT OF SW FLORIDA 501 GOODLETTE RD. N., STE. A-206 NAPLES, FL 34102 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | SUITE C-200 | |
| | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | |
|---|---|--------------------------------|---|
| 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 | P BRANT, KAREN 261 PALM RIVER BLVD., #201 NAPLES, FL 34110 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRES JAMES CLAY 221 PALM RIVER BLVD. # D201 NAPLES, FL 34110 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RABER, LYLE 201 PALM RIVER BLVD # 101 NAPLES, FL 34110 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JEAN DOHACK 281 PALM RIVER BLVD #A201 NAPLES, FL 34110 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PENMAN, DEAN 221 PALM RIVER BLVD. #101 NAPLES, FL 34110 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WOODS, DONNA 201 PALM RIVER BLVD #102 NAPLES, FL 34110 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SOULE, ANDY 281 PALM RIVER BLVD #101 NAPLES, FL 34110 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 119, Florida Statutes, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Green - Manager
2/28/2007 239-434-2077