2003 NOT-FOR-PROFIT CORPORATION

May 05, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # **739823** 05-05-2003 91781 025 ****61.25 1. Entity Name ROYAL PALM APARTMENTS, INC. Principal Place of Business Mailing Address 11041426 241 PALM RIVER BLVD 241 PALM RIVER BLVD APT. C-102 APT. C-102 NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address 87 FOREST LAKES BLW 187 FOREST LAKES DLVO. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-1789547 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ; GRACEY, ROBERT T Street Address (P.O. Box Number is Not Acceptable) 187 FOREST LAKE BLVD NAPLES FL 34105 City 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 . 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition X Delete TITI F TITLE BRANT, KAREN HOI PALM RIVER BLUD. #201 ☐ Change GALANIS, TERRY NAME -NAME STREET ADDRESS 261 PALM RIVER BLVD # 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 OLES, FL 34110 Addition TITLE Delete TITLE Change CARUSO, RITA NAME NAME 261 PALM RIVER BLVD # 102 STREET ADDRESS STREET ADDRESS CITY-ST_ZIP= 🥰 CITY-ST-ZIP NAPLES FL 34110 Change ☐ Addition Delete TITLE TITLE **BACON, SUZANNE** NAME NAME STREET ADDRESS 241 PALM RIVER BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 TD ☐ Change ☐ Addition TITLE Delete TITLE BACON, JOHN L NAME NAME STREET ADDRESS 241 PALM RIVER BLVD # 102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 ☐ Addition ☐ Delete ☐ Change TITI F TITLE RABER, LYLE C NAME NAME STREET ADDRESS 201 PALM RIVER BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 00000 Delete TITLE LAMBERT PETER. 211 PALM RIVER BLUB HLOZ ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 inclicated 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.

CITY-ST-ZIP

SIGNATURE:

NAPLES FL 34110

FILED