


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90495 019 \*\*\*\*61.25

<b>DOCUMENT # 756316</b>	
<b>1. Entity Name</b>	
ROYAL BEACH CLUB CONDOMINIUM ASSOCIATION, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
800 ESTERO BLVD. FT. MYERS BEACH FL 33931	800 ESTERO BLVD. FT. MYERS BEACH FL 33931

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b>		<b>Applied For</b>
59-2142182		Not Applicable
<b>5. Certificate of Status Desired</b>		<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>		

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
BARNES, LINDA 800 ESTERO BLVD FT MYERS BCH FL 33931	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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	GODFREY, ROBERT	<b>NAME</b>	
<b>STREET ADDRESS</b>	2965 WILLOW CREEK DR	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	GRANDVILLE MI 49418	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	CHRISTLIEB, RICHARD	<b>NAME</b>	
<b>STREET ADDRESS</b>	859 SAN CARLOS DR	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	FT MYERS BCH FL	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	WESTEGARD, DONNA	<b>NAME</b>	
<b>STREET ADDRESS</b>	312 ELDORADO PKWY SW	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	CAPE CORAL FL	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VT</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	BENNETT, CARLTON R.	<b>NAME</b>	
<b>STREET ADDRESS</b>	STAR RT 62 BOX 240-A N/A	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	CENTER HARBOR NH	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	LEBO, SUSAN	<b>NAME</b>	
<b>STREET ADDRESS</b>	6202 DELAWARE	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	INDIANAPOLIS IN	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>SD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	CHRISTLIEB, SHIRLEY	<b>NAME</b>	
<b>STREET ADDRESS</b>	859 SAN CARLOS DR	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	FT MYERS BCH FL	<b>CITY-ST-ZIP</b>	

**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:** \_\_\_\_\_ **4-29-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #