

FILE NOW. FILING FEE IS \$61.25

FILED
Apr 06 1998 8:00am
Secretary of State



Sandra ... NT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

NONPROFIT CORPORATION
ANNUAL REPORT
1998

DOCUMENT # 756442 (0)
1. Corporation Name
ROYAL HAWAIIAN CLUB CONDOMINIUM ASSOCIATION, INC



Principal Place of Business 1100 PONDELLA RD N FT MYERS FL 33903		Mailing Address 1100 PONDELLA RD N FT MYERS FL 33903		3. Date Incorporated or Qualified 02/20/1981	
				4. FEI Number 59-2159439	
				Applied For Not Applicable	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent NEWBY, JERRY 552 PLAZA DEL SOL NORTH FT. MYERS FL 33917 941-995-4331				10. Name and Address of New Registered Agent			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	T/Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHOINSKI, MARY ANN		1.2 NAME	Duffy, Joseph	
STREET ADDRESS	1100 PONDELLA RD #808		1.3 STREET ADDRESS	1100 Pondella Rd., #305	
CITY-ST-ZIP	NO FT MYERS FL		1.4 CITY-ST-ZIP	North Fort Myers, FL 33903	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIELPINSKI, GEORGE		2.2 NAME	Carroll, Robert	
STREET ADDRESS	1100 PONDELLA RD 803		2.3 STREET ADDRESS	1100 Pondella Rd., #915	
CITY-ST-ZIP	N. FT MYERS FL		2.4 CITY-ST-ZIP	North Fort Myers, FL 33903	
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	S/Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, GURDEN		3.2 NAME	Stevens, Gurden	
STREET ADDRESS	1100 PONDELLA RD #810		3.3 STREET ADDRESS	1100 Pondella Rd., #908	
CITY-ST-ZIP	N.FT.MYERS FL		3.4 CITY-ST-ZIP	North Fort Myers, FL 33903	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PACOWTA, WALLACE		4.2 NAME	Gallahager, Thomas	
STREET ADDRESS	1100 PONDELLA RD #504		4.3 STREET ADDRESS	1100 Pondella Rd., #409	
CITY-ST-ZIP	N FT MYERS FL		4.4 CITY-ST-ZIP	North Fort Myers, FL 33903	
TITLE	S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Phillip Milella (Dir)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRIEST, MILDRED		5.2 NAME	1100 Pondella Rd #802	
STREET ADDRESS	1100 PONDELLA ROAD		5.3 STREET ADDRESS	N. Ft. Myers, FL 33903	
CITY-ST-ZIP	N. FT. MYERS FL		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABLE, JOHN		6.2 NAME		
STREET ADDRESS	1100 PONDELLA RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS FL		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.

SIGNATURE: _____

CR2E037 (10/97)

Dep 61.25

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