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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 756442

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

02/20/1981

4. FEI Number

59-2159439

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

NEWBY, JERRY  
552 PLAZA DEL SOL  
NORTH FT. MYERS FL 33917

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: TD  
NAME: DUFFY, JOSEPH  
STREET ADDRESS: 1100 PONDELLA RD., #305  
CITY-ST-ZIP: NORTH FORT MYERS FL 33903

TITLE: PD  
NAME: CARROLL, ROBERT  
STREET ADDRESS: 1100 PONDELLA RD., #915  
CITY-ST-ZIP: NORTH FORT MYERS FL 33903

TITLE: SD  
NAME: STEVENS, GURDEN  
STREET ADDRESS: 1100 PONDELLA RD #810  
CITY-ST-ZIP: N.FT.MYERS FL

TITLE: VP  
NAME: GALLAHAGER, THOMAS  
STREET ADDRESS: 1100 PONDELLA RD. #409  
CITY-ST-ZIP: NORTH FORT MYERS FL 33903

TITLE: D  
NAME: MILELLA, PHILLIP  
STREET ADDRESS: 1100 PONDELLA RD. #802  
CITY-ST-ZIP: NORTH FORT MYERS FL 33903

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE: SD  
3.2 NAME: PHILIP MILELLA  
3.3 STREET ADDRESS: 1100 PONDELLA ROAD # 802  
3.4 CITY-ST-ZIP: N. FT. MYERS, FL 33903

4.1 TITLE: VP  
4.2 NAME: CAROLYN MEADOWS  
4.3 STREET ADDRESS: 1100 PONDELLA ROAD # 306  
4.4 CITY-ST-ZIP: N. FT. MYERS, FL 33903

5.1 TITLE: D  
5.2 NAME: VALANTINO DEVITO  
5.3 STREET ADDRESS: 1100 PONDELLA ROAD #703  
5.4 CITY-ST-ZIP: N. FT. MYERS, FL 33903

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

2-22-99 1941-458-9539

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