

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90044 016 ****61.25

DOCUMENT # 766210

1. Entity Name
ROYAL PALM MALL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**997 N COLLIER BLVD
MARCO ISLAND, FL 34145 US**

Mailing Address
**997 N COLLIER BLVD
MARCO ISLAND, FL 34145 US**

50055686



06292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2261696

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HERBST, WILLIAM
828 HIDEAWAY CIRCLE
MARCO ISLAND, FL 33937**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HERBST, WILLIAM 828 HIDEAWAY CIR., E. MARCO ISLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STEPHENSON, DOUGLAS 991 NORTH COLLIER BLVD. MARCO ISLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LANDAU, WALTER STS INDUSTRIES, P O BOX 2406 N/A WOBURN, MA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date **7/12/05** Daytime Phone # _____