


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90173 043 ****61.25

DOCUMENT # 769985 1. Entity Name ROYAL PALM CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1205 SE 46TH LANE CAPE CORAL, FL 33904 US				Mailing Address PO BOX 101508 CAPE CORAL, FL 33910-1508 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NEELD, ROBERT M 1426 SE 44TH STREET CAPE CORAL, FL 33904				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERCIVAL, JOAN		NAME		
STREET ADDRESS	1205 SE 46TH LANE 102		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, BONNIE		NAME		
STREET ADDRESS	1205 SE 46TH LANE #202		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWELL, LAWRENCE		NAME		
STREET ADDRESS	1205 SE 46TH LANE #104		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARZI, MARTHA		NAME	Van Mourik, Martha	
STREET ADDRESS	1205 SE 46TH LANE #101		STREET ADDRESS	1205 SE 46th Lane #101	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<i>President</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASTLING, KENNETH		NAME		
STREET ADDRESS	1205 SE 46TH LANE # 203		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <i>Joan R Percival</i>			<i>Secretary/ Treas. 28 April 2008</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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04212008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2405484

Applied For
Not Applicable

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

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