2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# N01000000183

Entity Name: ROYAL PALM CHARITIES, INC.

Current Principal Place of Business:

ROYAL PALM COUNTRY CLUB
400 FOREST HILL BLVD.
NAPLES, FL 34113

New Principal Place of Business:

ROYAL PALM COUNTRY CLUB
405 FOREST HILL BLVD.
NAPLES, FL 34113 US

Current Mailing Address:

ROYAL PALM COUNTRY CLUB
400 FOREST HILL BLVD.
NAPLES, FL 34113

New Mailing Address:

ROYAL PALM COUNTRY CLUB
405 FOREST HILL BLVD.
NAPLES, FL 34113 US

FEI Number: 59-3647405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEET, RICHARD A
400 FOREST HILLS B.VD.
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

NEET, RICHARD A
405 FOREST HILLS BLVD.
NAPLES, FL 34113 US

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.

SIGNATURE: 01/07/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MATSON, CATHY J
Address: 117 PALMETTO DUNES CIRCLE
City-St-Zip: NAPLES, FL 34113

Title: VPD ( ) Delete
Name: NEET, RICHARD A
Address: 400 FOREST HILLS BLVD.
City-St-Zip: NAPLES, FL 34113

Title: STD ( ) Delete
Name: FOWLER, EILEEN A
Address: 400 FOREST HILLS BLVD.
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MATSON, CATHY J
Address: 117 PALMETTO DUNES CIRCLE
City-St-Zip: NAPLES, FL 34113 US

Title: VPD (X) Change ( ) Addition
Name: NEET, RICHARD A
Address: 405 FOREST HILLS BLVD.
City-St-Zip: NAPLES, FL 34113 US

Title: STD (X) Change ( ) Addition
Name: FOWLER, EILEEN A
Address: 405 FOREST HILLS BLVD.
City-St-Zip: NAPLES, FL 34113 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY J. MATSON PD 01/07/2004
Electronic Signature of Signing Officer or Director — Date