

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000183

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: ROYAL PALM CHARITIES, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

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  
405 FOREST HILLS BLVD.  
NAPLES, FL 34113 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

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 US

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HARLOW, DONALD M  
Address: 212 PALMETTO DUNES CIRCLE  
City-St-Zip: NAPLES, FL 34113 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DONALD M. HARLOW

PD

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date