2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000000183

Entity Name: ROYAL PALM CHARITIES, INC.

FILED Jan 12, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAHAN, BERNARD R
400 FOREST HILLS BLVD
NAPLES, FL 34113 US
NEET, RICHARD A
400 FOREST HILLS B.VD.
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: RICHARD A. NEET 01/12/2003

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change() Addition

Name: MATSON, CATHY J Name:
Address: 117 PALMETTO DUNES CIRCLE Address:

City-St-Zip: NAPLES, FL 34113 City-St-Zip:

Name:CAHAN, BERNARD RName:NEET, RICHARD AAddress:114 PALMETTO DUNES CIRCLEAddress:400 FOREST HILLS BLVD.City-St-Zip:NAPLES, FL 34113City-St-Zip:NAPLES, FL 34113

Title: SD () Delete Title: STD (X) Change () Addition Name: NEET, RICHARD A Name: FOWLER, EILEEN A

 Name:
 NEET, RICHARD A
 Name:
 FOWLER, EILEEN A

 Address:
 400 FOREST HILL BLVD.
 Address:
 400 FOREST HILLS BLVD.

 City-St-Zip:
 NAPLES, FL 34113
 City-St-Zip:
 NAPLES, FL 34113

Title: TD (X) Delete Title: () Change () Addition

 Name:
 FOWLER, EILEEN A
 Name:

 Address:
 400 FOREST HILL BLVD.
 Address:

 City-St-Zip:
 NAPLES, FL 34113
 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: CATHY J. MATSON PD 01/12/2003