2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000001909

1. Entity Name
ROYAL PALM VILLAS OF NAPLES CONDOMINIUM ASSOCIATION, INC.

FILED
Jul 14, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
800 SEAGATE DRIVE SUITE 202 NAPLES, FL 34103 US	800 SEAGATE DRIVE SUITE 202 NAPLES, FL 34103 US

07102008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-1201233
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLUME, CRAIG D ESQ.
800 HARBOUR DRIVE
NAPLES, FL 34103

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D, P
NAME	CROSS, KENNETH P
STREET ADDRESS	165 5TH ST. S.
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D,VP
NAME	CASEY, MICHAEL
STREET ADDRESS	PO BOX 1065
CITY-ST-ZIP	ASHBURN, VA 20146
TITLE	D,S
NAME	MOKRYSZ, PHILIP
STREET ADDRESS	C/O 800 SEAGATE DRIVE, SUITE 202
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D,T
NAME	SABA, THEOPHILE E
STREET ADDRESS	17201 PALOMINO CT.
CITY-ST-ZIP	OLNEY, MD 20832
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/14/08-80004-020 61.25

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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: _____ 7/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #