

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000001909		
1. Entity Name ROYAL PALM VILLAS OF NAPLES CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 800 SEAGATE DRIVE SUITE 202 NAPLES, FL 34103 US	Mailing Address 800 SEAGATE DRIVE SUITE 202 NAPLES, FL 34103 US	

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



07102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1201233	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BLUME, CRAIG D ESQ. 800 HARBOUR DRIVE NAPLES, FL 34103	DO NOT WRITE IN THIS SPACE
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

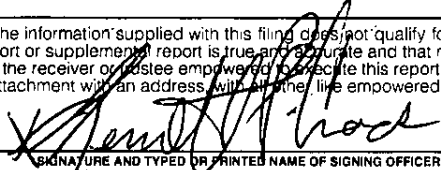
Filing Fee is \$61.25
Due by September 12, 2008

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

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

**DO NOT WRITE
IN THIS SPACE**

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 another, like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/08
Date

Daytime Phone #