

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001909

FILED
Feb 25, 2009
Secretary of State

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

Current Principal Place of Business:

800 SEAGATE DRIVE
SUITE 202
NAPLES, FL 34103 US

New Principal Place of Business:

165 5TH STREET, SOUTH
NAPLES, FL 34102 US

Current Mailing Address:

800 SEAGATE DRIVE
SUITE 202
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 20-1201233 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BLUME, CRAIG D ESQ.
800 HARBOUR DRIVE
NAPLES, FL 34103 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: D, P () Delete
Name: CROSS, KENNETH P
Address: 165 5TH ST. S.
City-St-Zip: NAPLES, FL 34102 US

Title: D,VP () Delete
Name: CASEY, MICHAEL
Address: PO BOX 1065
City-St-Zip: ASHBURN, VA 20146 US

Title: D,S () Delete
Name: MOKRYSZ, PHILIP
Address: C/O 800 SEAGATE DRIVE, SUITE 202
City-St-Zip: NAPLES, FL 34103 US

Title: D,T () Delete
Name: SABA, THEOPHILE E
Address: 17201 PALOMINO CT.
City-St-Zip: OLNEY, MD 20832 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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: SUSAN M. LONGSTRETH, SPIRES & ASSOC., INC.

ACCT

02/25/2009

Electronic Signature of Signing Officer or Director

Date