

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05697 (0)

1. Corporation Name

ROYAL PALM RESIDENTS, INC.



Principal Place of Business

Mailing Address

3000 U.S. HIGHWAY 17-92 W.
LOT 236
HAINES CITY FL 33844
US

3000 U.S. HIGHWAY 17-92 W.
LOT 236
HAINES CITY FL 33844-8815
US

3. Date Incorporated or Qualified
10/16/1984

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2533564

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLING, LEE J
20 NORTH ORANGE AVE.
SUITE 700
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CORSIE, ROBERT
STREET ADDRESS 3000 US HWY 17-92 3 #276
CITY-ST-ZIP HAINES CITY FL

1.1 TITLE PD
1.2 NAME JAMES MULLER
1.3 STREET ADDRESS 3000 US HWY 17-92 W #
1.4 CITY-ST-ZIP HAINES CITY, FL LOT 66

TITLE VPD
NAME BIRD, DOUGLAS
STREET ADDRESS 3000 US HWY., 17-92 W #276
CITY-ST-ZIP HAINES CITY FL

2.1 TITLE VPD
2.2 NAME WARREN REALES
2.3 STREET ADDRESS 3000 US HWY 17-92 W
2.4 CITY-ST-ZIP HAINES CITY FL 33844 LOT 113

TITLE SD
NAME GRENIER, LORRAINE M
STREET ADDRESS 3000 US HWY 17-92 W #236
CITY-ST-ZIP HAINES CITY FL

3.1 TITLE SD
3.2 NAME LORRAINE GRENIER
3.3 STREET ADDRESS 3000 US HWY 17-92 W #236
3.4 CITY-ST-ZIP HAINES CITY FL 33844

TITLE TD
NAME BROSTEK, JEAN
STREET ADDRESS 3000 US HWY 17-92 W #19
CITY-ST-ZIP HAINES CITY FL

4.1 TITLE TD
4.2 NAME JEAN BROSTEK
4.3 STREET ADDRESS 3000 US HWY 17-92 W #19
4.4 CITY-ST-ZIP HAINES CITY FL

TITLE D
NAME HAWTHORNE, EARL
STREET ADDRESS 3000 US HWY 17-92 W #216
CITY-ST-ZIP HAINES CITY FL

5.1 TITLE D
5.2 NAME ORAY BRADLEY
5.3 STREET ADDRESS 3000 US HWY 17-92 W LOT 87
5.4 CITY-ST-ZIP HAINES CITY FL

TITLE D
NAME FOWLSTON, ESTHER
STREET ADDRESS 3000 US HWY 17-92 W #492
CITY-ST-ZIP HAINES CITY FL

6.1 TITLE D
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LORRAINE GRENIER, SEC

JAN 14, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0063734

CR2E037 (9/96)