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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05697

1. Corporation Name

ROYAL PALM RESIDENTS, INC.

Principal Place of Business

3000 U.S. HIGHWAY 17-92 W.
LOT 277
HAINES CITY FL 33844
US

Mailing Address

3000 U.S. HIGHWAY 17-92 W.
LOT 277
HAINES CITY FL 33844
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/16/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2533564	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		Country	
25		30			

9. Name and Address of Current Registered Agent

MICHAEL L RESNICK
1342 E VINE ST #236
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

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	VP	1.1 TITLE	PRESIDENT
NAME	DOUGLAS BIRD	1.2 NAME	HAROLD COLLINS
STREET ADDRESS	3000 US HWY 17-92 W LOT 276	1.3 STREET ADDRESS	3000 US HWY 17-92 W, LOT 124
CITY-ST-ZIP	HAINES CITY FL 33844	1.4 CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	P	2.1 TITLE	VICE-PRESIDENT
NAME	REAGLES, WARREN	2.2 NAME	TOM CASEY
STREET ADDRESS	3000 US HWY 17-92 W, LOT #113	2.3 STREET ADDRESS	3000 US HWY 17-92 W LOT 43
CITY-ST-ZIP	HAINES CITY FL	2.4 CITY-ST-ZIP	HAINES CITY FL 33844
TITLE	S	3.1 TITLE	DIRECTOR
NAME	CAROL EDESTRAND	3.2 NAME	JIM BACKOWSKI
STREET ADDRESS	3000 US HWY 17-92 W LOT 277	3.3 STREET ADDRESS	3000 US HWY 17-92 W LOT 77
CITY-ST-ZIP	HAINES CITY FL 33844	3.4 CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	T	4.1 TITLE	DIRECTOR
NAME	CATHERINE HALL	4.2 NAME	BOB BURTT
STREET ADDRESS	3000 US HWY 17-92 W LOT 115	4.3 STREET ADDRESS	3000 US HWY 17-92 W LOT 48
CITY-ST-ZIP	HAINES CITY FL 33844	4.4 CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	D	5.1 TITLE	
NAME	HAWTHORNE, EARL	5.2 NAME	
STREET ADDRESS	3000 US HWY 17-92 W #216	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	DEE YATES	6.2 NAME	
STREET ADDRESS	3000 US HWY 17-92 W LOT 202	6.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Carol Edestrand
CAROL EDESTRAND JAN 15/99 941-421-0317

CR2E037 (11/98)