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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N07045

(0)

ROYAL PALM COUNTRY CLUB OF NAPLES, INC.

| HOTAL | PALIN COOKITH CLOD OF | MAI ELO; INO: | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------|-------------------------|-----------------|---------------------------------------------------------|------------------------------------------------|
| Principal Place | of Business | Mailing Address | | | | A SOL MEDUS MEMEL MEMEL MEMEL MINIT MEMEL FONE |
| 400 FOREST HILLS BOULEVARD 400 FOREST HILLS BOULE NAPLES FL 33962 NAPLES FL 33962 | | LEVARD | | | | |
| | | | | | 3. Date Incorporated or Qualified 01/10/1985 | 3a. Date of Last Report 05/01/1995 |
| 2. Principal Place of Business 2a. Mailing | | 2a. Mailing Address 26 | ling Address | | 4. FEI Number 59-2489083 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | See Required |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | • | 8. This corporation has liability for in | |
| 24 | 25 | Decisional Asset | 30 | | Florida Statutes L 10. Name and Address of New Re | Yes No |
| | 9. Name and Address of Current | Hegistereo Agent | 81 | Name | IV. Halle and Address of New In | Sistered Agent |
| COCAN | IOCEDU D | | 82 | | | |
| COGAN, JOSEPH P. 400 FOREST HILLS BLVD. | | | | Street A | Address (P.O. Box Number is Not Acceptable | e) |
| NAPLES FL 33962 | | | 83 | | | |
| TWO CEO | , L 0000L | | 64 | City | | FL 85 Zip Code |
| 11. Pursuant to | the provisions of Sections 617.0502 | and 617.1508, Florida Statutes | the above- | named co | rporation submits this statement for the purp | oose of changing its registered office |
| or registers | ed agent, or both, in the State of Florida h, and accept the obligations of, Section | a. Such change was authorized | d by the corp | coration's l | board of directors. I hereby accept the appo | intment as registered agent. I am |
| | | ~ Secretary | 1/05 | ONL | P. Cogan, Secretary | 1-31-96 |
| SIGNATURE | Signature, typed or printed name of registered agent a | nduite if applicable 1991 | E: Registered Age | nt signature re | quired when visinstating)" | DATE |
| 12. | OFFICERS AND | | 13. | <u>-</u> | ADDITIONS/CHANGES TO OFFI | |
| TRILE | PD NETTLY M. MANGO | KX DELETE | 1.1 TITLE | | T/D | Change X Addition |
| NAME | NETZLY, M. JAMES | | 1.2 NAME | | Piper, William | |
| STREET ADDRESS | 141 MUIRFIELD CIRCLE NAPLES FL | | | | 592 Augusta Blvd. | |
| CITY-ST-ZIP | VPD | DELETE | 1.4 CITY- 2.1 TITLE | S1-ZIP | Naples, FL 33962 | Change 🙀 Addition |
| TITLE NAME | KIBLER, ROBERT | X-10ctc. | 2.1 MAME | | D` - | Z |
| STREET ADDRESS | 139 MUIRFIELD CIR | | | T ADDRESS | O'Boyle, Joseph | |
| CHTY-ST-ZIP | NAPLES FL | | 2. 4 CITY | | 905 Augusta Blyd Naples FL 33962 | |
| TITLE | D | DELETE | 3.1 TITLE | | V/D | Change Addition |
| NAME | WAGNER, JAY | | 3.2 NAME | ļ | Wagner, Jay | ** |
| STREET ADDRESS | 705 AUGUSTA BLVD #3 | | 33 STREE | T ADDRESS | 932 Augusta Biva. | |
| CITY-ST-ZIP | NAPLES FL | | 3.4. CITY | -ST-ZIP | Naples, FL 33962 | |
| TITLE | SD COCAN JOSEPH P | DELETE | 4.1 TITLE | . | | ☐ Change ☐ Addition |
| NAMÉ | COGAN, JOSEPH P. | | 4. 2 NAM | | | |
| STREET ADDRESS | 262 TORREY PINES POINT NAPLES FL | | | T ADDRESS | | |
| CITY-ST-ZIP TITLE | TD | DELETE | 4.4 CITY - 5.1 TITLE | 31.4IP | P/D | Change Addition |
| NAME | VANDER LAAN, CORNELIUS | | 5.2 NAME | : | Vander Laan, Cornelius | W |
| STREET ADDRESS | 2516 KINGS LAKE BLVD. | | | T ADDRESS | 2516 Kings Lake Blvd. | |
| CITY-ST-ZIP | NAPLES FL | | 5.4 CITY | | Naples FL 33962 | |
| TITLE | | DELETE | 61 TITLE | | D | Change 💢 Addition |
| NAME | | | 6.2 NAME | | Welle, Louis | |
| STREET ADDRESS | | | | T ADDRESS | 154 Palmetto Dunes Cia | |
| CITY-ST-ZIP | | the Alice Physics in the Physics of | 6.4 CITY | ST-ZIP | Naples, FL 33942 | 07(3)(b) Florida Statutas I further |
| 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), 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 ghanged, or on an attachment with an address. | | | | | | |
| SIGNAT | URE: Cornel | air a. Vande | n La | en | 131.96 | 941-793-1167 |
| | SIGNATURE AND TYPED OF | PRINTED NAME OF SIGNING OFFICE | N OR DIRECTO | ٠ _ | Date | Desputate Priorie # |

Line 13, Additions/Changes to Officers and Directors in 12

D Bailey, Robert 166 Torrey Pines Point Naples, FL 33962

D Marken, John 6792 Compton Lane North Naples, FL 33942

D Patterson, William 382 Henley Drive Naples, FL 33962