

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90056 044 \*\*\*\*61.25

**DOCUMENT # N20356**

1. Entity Name

ROYAL COACH ESTATES, INC.



Principal Place of Business

C/O MARLIN FITZ  
15390 HART RD C8  
NORTH FORT MYERS FL 33917  
US

Mailing Address

C/O MARLIN FITZ  
15390 HART RD C8  
NORTH FORT MYERS FL 33917  
US

2. Principal Place of Business

Royal Coach Estates

Suite, Apt. #, etc.

C/O N. Barbara Hurd

City & State

North Fort MYERS, FL

3. Mailing Address

15390 HART RD

Suite, Apt. #, etc.

A21

City & State

North Fort MYERS, FL

Zip

33917

Country

Lee

Zip

33917

Country

Lee

6. Name and Address of Current Registered Agent

FITZ, MARLIN  
15390 HART RD  
C8  
NORTH FORT MYERS FL 33917

7. Name and Address of New Registered Agent

Name NAOMI - BARBARA HURD

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

15390 HART RD

A21

City

North Fort MYERS

FL

Zip Code

33917

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 Naomi Barbara Hurd / Naomi Barbara Hurd

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

(NOTE: Registered Agent signature required when reinstating)

3-22-05

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JEANETTE, JOHN	
STREET ADDRESS	15390 HANT RD. C9	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, JAN	
STREET ADDRESS	15390 HART RD A27	
CITY-ST-ZIP	N FORT MYERS FL 33917	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, CHRISTINA	
STREET ADDRESS	15390 HART RD B-20	
CITY-ST-ZIP	N FORT MYERS FL 33917	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FITZ, JEAN	
STREET ADDRESS	15390 HAWT RD, C8	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EAST, DOWIS	
STREET ADDRESS	15390 HANT RD. C4	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris LaFlame	
STREET ADDRESS	15390 HART Rd C7	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	
TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE Lewis	
STREET ADDRESS	15390 HART Rd B22	
CITY-ST-ZIP	North FORT MYERS, FL 33917	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beverly Leiter	
STREET ADDRESS	15390 HART Rd B17	
CITY-ST-ZIP	North Fort MYERS, FL 33917	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROY Decker	
STREET ADDRESS	15390 HART Rd A24	
CITY-ST-ZIP	North Fort MYERS, FL 33917	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIENN Gibbs	
STREET ADDRESS	15390 HART Rd B16	
CITY-ST-ZIP	North Fort MYERS, FL 33917	
TITLE	Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N. Barbara Hurd	
STREET ADDRESS	15390 HART Rd A21	
CITY-ST-ZIP	N. FT. MYERS FL 33917	

12. 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 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 all other like empowered.

SIGNATURE: Naomi Barbara Hurd / Naomi Barbara Hurd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05

Date

239-543-8485

Daytime Phone #