

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40620

FILED
Mar 20, 2009
Secretary of State

Entity Name: ROYAL POINCIANA GOLF CLUB, INC.

Current Principal Place of Business:

1600 SOLANA ROAD
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

1600 SOLANA ROAD
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 59-1215667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORAN, LESLIE K
1600 SOLANA ROAD
NAPLES, FL 34105 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: PD () Delete
Name: SCRUGGS, J. WILLIAM
Address: 20 SEAGATE DRIVE # 701
City-St-Zip: NAPLES, FL 34103

Title: SD () Delete
Name: CHENOWETH, RICHARD A
Address: 1900 GULF SHORE BLVD N #606
City-St-Zip: NAPLES, FL 34102

Title: VD () Delete
Name: GASTON, PAUL K
Address: 2701 GULF SHORE BLVD N. # 102
City-St-Zip: NAPLES, FL 34103

Title: VD () Delete
Name: CAMPBELL, JOHN F
Address: 232 BAHIA POINT
City-St-Zip: NAPLES, FL 34103

Title: TD () Delete
Name: STEFFEN, CHRISTOPHER J
Address: 4351 GULF SHORE BLVD N. # 12-S
City-St-Zip: NAPLES, FL 34103

Title: VD () Delete
Name: BENSON, R. THOMAS
Address: 1015 GALLEON DRIVE
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STEFFEN, CHRISTOPHER J
Address: 4351 GULF SHORE BLVD N. # 12-S
City-St-Zip: NAPLES, FL 34103

Title: SD (X) Change () Addition
Name: BENN, FREDERICK W
Address: 4401 GULF SHORE BLVD N. # 306
City-St-Zip: NAPLES, FL 34103

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

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

Title: TD (X) Change () Addition
Name: BENSON, RICHARD H
Address: 6557 RIDGEWOOD DRIVE
City-St-Zip: NAPLES, FL 34108

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: CHRISTOPHER J. STEFFEN

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date