FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # N50104   (1)

1. Corporation Name *CouNCIL*
RESIDENT ~~COUNCIL~~ OF ROYAL PALM TOWERS, INC.

Principal Place of Business	Mailing Address
ROYAL PALM TOWERS APTS. APT. #1103 *902* FT. MYERS FL 33901	2424 EDWARDS DRIVE FORT MYERS FL 33901-2800

3. Date Incorporated or Qualified	3a. Date of Last Report
07/24/1992	12/12/1996

2. Principal Place of Business **21**	2a. Mailing Address **26**
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**
City & State **23**	City & State **28**
Zip **24**	Country **25**	Zip **29**	Country **30**

4. FEI Number **NOT APPLICABLE**   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
GIFFEN, JOSEPH 2424 EDWARDS DRIVE APT. #1103 *702* FT MYERS FL 33901	**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 changes 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 _JOSEPH K GIFFEN, PRESIDENT_

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 ☐ DELETE NAME GIFFEN, JOSEPH K, *PRESIDENT* STREET ADDRESS 2424 EDWARDS DRIVE, APT.#1103 *#702* CITY-ST-ZIP FT. MYERS FL 33901	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☑ Change ☐ Addition
TITLE VPD ☐ DELETE NAME KING, SHARRON, *VICE PRESIDENT* STREET ADDRESS 2424 EDWARDS DRIVE, APT.,#1101 CITY-ST-ZIP FT. MYERS FL 33901	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD ☑ DELETE NAME ~~ATKINSON, LAMONT~~ STREET ADDRESS ~~2424 EDWARDS DRIVE, APT.,702~~ CITY-ST-ZIP ~~FT. MYERS FL 33901~~	3.1 TITLE SD 3.2 NAME NANCY J. BECKER, SECRETARY 3.3 STREET ADDRESS 2424 EDWARDS DR APT #805 3.4 CITY-ST-ZIP FT. MYERS FL 33901	☑ Change ☑ Addition
TITLE TD ☑ DELETE NAME ~~MISCHAK, DOROTHY~~ STREET ADDRESS 2424 EDWARDS DRIVE, APT.,1003 CITY-ST-ZIP FT. MYERS FL 33901	4.1 TITLE 4.2 NAME JOSEPH A. LOWERY, TREASURER 4.3 STREET ADDRESS 2424 EDWARDS DRIVE, APT.,#201 4.4 CITY-ST-ZIP FT. MYERS FL 33901	☑ Change ☑ Addition
TITLE D ☐ DELETE NAME MCCAMBRIDGE, RUTH, *DIRECTOR AT LARGE* STREET ADDRESS 2424 EDWARDS DRIVE, APT.,503 CITY-ST-ZIP FT. MYERS FL 33901	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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.

Joseph K. Giffen

CR2E037 (9/96)