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Feb 25, 1999 8:00 am
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02-25-1999 90061 043 ****61.25

0059388

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N50104

1. Corporation Name

RESIDENT COUNCIL OF ROYAL PALM TOWERS, INC.

Principal Place of Business

ROYAL PALM TOWERS APTS.
APT. #705
FT. MYERS FL 33901
US

Mailing Address

2424 EDWARDS DRIVE
FORT MYERS FL 33901



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/24/1992

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

9. Name and Address of Current Registered Agent

MATHENY, JEAN
2424 EDWARDS DRIVE
APT. #705
FT MYERS FL 33901

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

TITLE PD
NAME SMITH, OPAL
STREET ADDRESS 2424 EDWARDS DR. APT. 502
CITY-ST-ZIP FT. MYERS FL 33901

☐ DELETE

TITLE VPD
NAME CLARKE, WELLES
STREET ADDRESS 2424 EDWARDS DR. APT 808
CITY-ST-ZIP FT. MYERS FL 33901

☒ DELETE

TITLE SD
NAME SUMMERS, PATTIE
STREET ADDRESS 2424 EDWARDS DR. APT 301
CITY-ST-ZIP FT MYERS FL 33901

☐ DELETE

TITLE T
NAME MATHENY, JEAN
STREET ADDRESS 2424 EDWARDS DR APT. 705
CITY-ST-ZIP FT MYERS FL 33901

☐ DELETE

TITLE D
NAME MCCAMBRIDGE, RUTH
STREET ADDRESS 2424 EDWARDS DRIVE, APT., 503
CITY-ST-ZIP FT. MYERS FL 33901

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-99

Date

941-334-9381

Daytime Phone #

CR2E037 (11/98)