

DOCUMENT # N50104

1. Entity Name

RESIDENT COUNCIL OF ROYAL PALM TOWERS, INC.

Principal Place of Business

ROYAL PALM TOWERS APTS.
APT #702
FT. MYERS FL 33901
US

Mailing Address

2424 EDWARDS DRIVE #703
FORT MYERS FL 33901-2800

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#703

Suite, Apt. #, etc.

#703

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

BETTY CLARKE

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

2424 EDWARDS

#703

City

FT. MYERS

FL

Zip Code

33901

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, OPAL	
STREET ADDRESS	2424 EDWARDS DR. APT. 502	
CITY-ST-ZIP	FT. MYERS FL 33901	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	CASTELLANO, DOROTHY	
STREET ADDRESS	2424 EDWARDS DR. APT 808	
CITY-ST-ZIP	FT. MYERS FL 33901	

TITLE	SD	<input type="checkbox"/> Delete
NAME	SUMMERS, PATTIE	
STREET ADDRESS	2424 EDWARDS DR. APT 301	
CITY-ST-ZIP	FT MYERS FL 33901	

TITLE	T	<input type="checkbox"/> Delete
NAME	MATHENY, JEAN	
STREET ADDRESS	2424 EDWARDS DR APT. 705	
CITY-ST-ZIP	FT MYERS FL 33901	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHOENFELDT, SUE	
STREET ADDRESS	2424 EDWARDS DRIVE, APT., 503	
CITY-ST-ZIP	FT. MYERS FL 33901	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	RES. PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK WOOD	
STREET ADDRESS	2424 EDWARDS A 1106	
CITY-ST-ZIP	FT MYERS FL 33901	

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANICE SMITH	
STREET ADDRESS	2424 EDWARDS #605	
CITY-ST-ZIP	FT. MYERS FL 33901	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANNE SMITH	
STREET ADDRESS	2424 EDWARDS DR APT 301	
CITY-ST-ZIP	FT MYERS FL 33901	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY CLARKE	
STREET ADDRESS	2424 EDWARDS #703	
CITY-ST-ZIP	FT MYERS FL 33901	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2000 8:00 am
Secretary of State

03-27-2000 90087 034 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

CR2E037 (9/99)