

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50104

1. Entity Name

RESIDENT COUNCIL OF ROYAL PALM TOWERS, INC.

FILED

02 OCT 21 AM 7:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

ROYAL PALM TOWERS APTS.
APT #703
FT. MYERS FL 33901
US2424 EDWARDS DRIVE
703
FORT MYERS FL 33901

2. Principal Place of Business

3. Mailing Address

Royal Palm Towers Apts.,
Suite, Apt. #, etc.
2424 Edwards Dr. # 7032424 Edwards Dr.
Suite, Apt. #, etc.
703City & State
Ft. Myers, Fl.
Zip
33901-2802
Country
LeeCity & State
Ft. Myers, Fl.
Zip
33901-2802
Country
Lee

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATKINS, JON
2424 EDWARDS DRIVE
703
FT MYERS FL 33901Name
Betty Clarke
Street Address (P.O. Box Number is Not Acceptable)
2424 Edwards Dr. # 703
City
Ft. Myers
FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Betty Clarke

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

(NOTE: Registered Agent signature required when reinstating)

Aug 31, 02

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPO	<input checked="" type="checkbox"/> Delete
NAME	SUNMAN, DOLLIE	
STREET ADDRESS	2424 EDWARDS DR. # 405	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DABARNUS, PAT	
STREET ADDRESS	2424 EDWARDS DR. # 304	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLARKE, BETTY	
STREET ADDRESS	2424 EDWARDS DR. #703	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KING, LOIS	
STREET ADDRESS	2424 EDWARDS DR. #602	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, JAMES	
STREET ADDRESS	2424 EDWARDS DR. #205	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pharon King	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2424 Edwards Dr. #1101	
STREET ADDRESS	Ft. Myers, Fl. 33901-2802	
CITY-ST-ZIP		
TITLE	Patricia Sumner	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2424 Edwards Dr. # 301	
STREET ADDRESS	Ft. Myers, Fl. 33901-2802	
CITY-ST-ZIP		
TITLE	Belle Sumner #405	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2424 Edwards Dr.	
STREET ADDRESS	Ft. Myers, Fl. 33901-2802	
CITY-ST-ZIP		
TITLE	D Douglas Hays	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2424 Edwards Dr. # 401	
STREET ADDRESS	Ft. Myers, Fl. 33901-2802	
CITY-ST-ZIP		
TITLE	Daniel Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2424 Edwards Dr. # 605	
STREET ADDRESS	Ft. Myers Fl. 33901-2802	
CITY-ST-ZIP		
TITLE	D Robert Kelly	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2424 Edwards Dr. #1104	
STREET ADDRESS	Ft. Myers, Fl. 33901	
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: Pharon King

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER

Aug 31, 02 239-334-0181

Daytime Phone #

CR2E037 (4/02)