


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90056 043 ****62.25

DOCUMENT # N50104	
1. Entity Name RESIDENT COUNCIL OF ROYAL PALM TOWERS, INC.	

Principal Place of Business ROYAL PALM TOWERS APTS. 2424 EDWARDS DRIVE, APT. 706 FT. MYERS FL 33901 US	Mailing Address ROYAL PALM TOWERS APTS. 2424 EDWARDS DRIVE, APT. 706 FT. MYERS FL 33901 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BARRELLE, DION ROYAL PALM TOWERS 2424 EDWARDS DRIVE #706 FT MYERS FL 33901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 *Dion Barrelle (Pres.)* DATE 4/20/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD BARRELLE, DION 2424 EDWARDS DRIVE #706 FORT MYERS FL 33901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SUMNER, PATTIE 2424 EDWARDS DR. # 301 FT. MYERS FL 33901-2802 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CANTRELL, DAVID 2424 EDWARDS DRIVE #306 FORT MYERS FL 33901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	JACK WOOD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2424 EDWARDS DRIVE #408 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CLARKE, BETTY 2424 EDWARDS DRIVE #301 FORT MYERS FL 33901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SHAFER, CAROL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2424 EDWARDS DRIVE #1110 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, JANICE 2424 EDWARDS DR. #605 FT. MYERS FL 33901-2802 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUBARROS, PAT 2424 EDWARDS DRIVE #304 FORT MYERS FL 33901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BERNICE RAMSEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2424 EDWARDS DRIVE # 1008 FORT MYERS, FL 33901

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: *Dion Barrelle (DION BARRELE, PRES.)* DATE 4/20/04 239.334.4386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #