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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000358 (2)**

1. Corporation Name

ROYAL PALM PERFORMING ARTS THEATRE, INC.

Principal Place of Business

**11818 SUNSET BLVD.
ROYAL PALM BEACH FL 33411**

Mailing Address

**11818 SUNSET BLVD.
ROYAL PALM BEACH FL 33411**



3. Date Incorporated or Qualified

01/27/1993

4. FEI Number

65-0384634

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAGLIARO, PETER
11818 SUNSET BLVD
ROYAL PALM BEACH FL 33411**

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** ☐ DELETE

NAME **PAGLIARO, PETER**
STREET ADDRESS **11818 SUNSET BLVD.**
CITY-ST-ZIP **ROYAL PALM BEACH FL**

TITLE **TD** ☐ DELETE

NAME **PAGLIARO, DEBORAH**
STREET ADDRESS **11818 SUNSET BLVD.**
CITY-ST-ZIP **ROYAL PALM BEACH FL**

TITLE **D** ☐ DELETE

NAME **CANDICE COPPOLETTA**
STREET ADDRESS **12221 59TH ST. NORTH**
CITY-ST-ZIP **ROYAL PALM BEACH FL**

TITLE **D** ☒ DELETE

NAME **LIZ LAMORTE**
STREET ADDRESS **5461 HUDDLE HILL RD.**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **D** ☒ DELETE

NAME **DONNA ELDREDGE**
STREET ADDRESS **17076 ORANGE GROVE BLVD.**
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE **D** ☐ DELETE

NAME **ROBERT JONES**
STREET ADDRESS **3530 HARWICH COURT**
CITY-ST-ZIP **GREENACRES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
Mark Pafford
14693 64th Ct. N.
Loxahatchee, FL 33470

D
Craig Bachove
11125 Isle Brook Ct.
Wellington, FL 33414

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.

SIGNATURE:

Peter Pagliaro

1-7-98 561-686-4006 ext.

CR2E037 (10/97)