

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000000358

1. Entity Name
ROYAL PALM PERFORMING ARTS THEATRE, INC.



Principal Place of Business
**4340 FOREST HILL BLVD
WEST PALM BEACH, FL 33406**

Mailing Address
**4340 FOREST HILL BLVD
WEST PALM BEACH, FL 33406**



04012005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0384634

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PAGLIARO, PETER
225 SARATOGA BLVD E
ROYAL PALM BEACH, FL 33411**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when rechartering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PAGLIARO, PETER
STREET ADDRESS 225 SARATOGA BLVD E
CITY-ST-ZIP ROYAL PALM BEACH, FL

TITLE TD
NAME PAGLIARO, DEBORAH
STREET ADDRESS 225 SARATOGA BLVD E
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE DVP
NAME ROBERT JONES
STREET ADDRESS 3530 HARWICH COURT
CITY-ST-ZIP GREENACRES, FL 33461

TITLE D
NAME TULUCCI, BRIDGET
STREET ADDRESS 2029 UPLAND RD
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE D
NAME FREESE, JACK
STREET ADDRESS 219 SEVILLE RD.
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE D
NAME LIGHTMAN, LA DANE
STREET ADDRESS 3326 ARCARA WAY #401
CITY-ST-ZIP LAKE WORTH, FL 33467

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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:

Peter Pagliaro / Peter Pagliaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-05 / 561-963-2200
Date Daytime Phone #