

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

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90053 032 ****61.25

DOCUMENT # N95000001953

1. Entity Name

ROYAL PALM CHAPTER AACA, INC.



Principal Place of Business

255 ALLWORTHY ST.
PORT CHARLOTTE FL 33945
US

Mailing Address

P.O. BOX 380522
MURDOCK FL 33938-0522
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARR, DAROL H. M
2315 AARON STREET
PORT CHARLOTTE FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME D NEUNER, GEORGE ☒ Delete
STREET ADDRESS 1046 BEEKMAN CIR.
CITY-ST-ZIP PORT CHARLOTTE FL 33953

TITLE NAME D *Weidner Group* ☒ Change ☐ Addition
STREET ADDRESS *5861 Battersea Ave*
CITY-ST-ZIP *North Port FL 34286*

TITLE NAME D LITWINAS, RICHARD ☐ Delete
STREET ADDRESS 445 GILLOT BLVD.
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME D SIMCO, PHILIP ☐ Delete
STREET ADDRESS 3301 ARECA STREET
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME D DOMAN, DOROTHY ☐ Delete
STREET ADDRESS 145 N.W. CAMBRIDGE DRIVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME D WAGLEY, HENRY ☐ Delete
STREET ADDRESS 112 COUSLEY DRIVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME P ELLSWORTH, RICHARD F ☐ Delete
STREET ADDRESS 255 ALLWORTHY ST
CITY-ST-ZIP PORT CHARLOTTE FL 33945

TITLE NAME ☐ Change ☐ Addition
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: *Richard F. Ellsworth* *Richard F. Ellsworth* *2/6/2004* *(941) 629-8308*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #