

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

1/7

01-22-2003 90156 034 ****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 **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARL DAROL H. M
2315 AARON STREET
PORT CHARLOTTE FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$81.25

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

TITLE **D** ☒ Delete
NAME **ROBERT, BJORKMAN**
STREET ADDRESS **7412 LONGMONT LANE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **D** ☒ Delete
NAME **DUNFEE, DONALD**
STREET ADDRESS **1445 DORCHESTER**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **NEUNER, GEORGE**
STREET ADDRESS **1046 BECKMAN CIRCLE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33953**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **LITWINAS, RICHARD**
STREET ADDRESS **445 GILLOT BLVD.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33981**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 Ellsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 15 2003 (941) 629-8308
Date Daytime Phone #

CR2E037 (10/02)