

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION *
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003958 (4)

1. Corporation Name

THE ROYAL POINCIANA ASSOCIATION, INC.



Principal Place of Business

Mailing Address

140 NORTH COUNTY RD.
PALM BEACH FL 33480

140 NORTH COUNTY RD.
PALM BEACH FL 33480

3. Date Incorporated or Qualified
08/17/1995

3a. Date of Last Report

2. Principal Place of Business

21 277 Royal Poinciana Way, #150

2a. Mailing Address

26 277 Royal Poinciana Way, #150

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22 City & State

23 Palm Beach

24 Zip

25 33480

Country

27 City & State

28 Palm Beach

29 Zip

30 33480

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHUPP, SUSAN
140 NORTH COUNTY RD.
PALM BEACH FL 33480

81 Name

82 Jeanne Hibbard, President

83 277 Royal Poinciana Way, #150

84

85 City
Palm Beach

FL

86 Zip Code
33480

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)

6/26/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SCHUPP, SUSAN
STREET ADDRESS 140 NORTH COUNTY RD.
CITY - ST - ZIP PALM BEACH FL 33480 ☐ DELETE

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE D
NAME DEMPSEY, GEORGE
STREET ADDRESS 50 COCOANUT ROW
CITY - ST - ZIP PALM BEACH FL 33480 ☐ DELETE

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE D
NAME HIBBARD, JEANNE
STREET ADDRESS 245 ROYAL POINCIANA WAY
CITY - ST - ZIP PALM BEACH FL 33480 ☐ DELETE

31 TITLE PRESIDENT ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE D
NAME FAUST, MARSHALL
STREET ADDRESS 279 ROYAL POINCIANA WAY
CITY - ST - ZIP PALM BEACH FL 33480 ☐ DELETE

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE D
NAME CONIGLIO, DONORA
STREET ADDRESS 111 BRADLEY PLACE
CITY - ST - ZIP PALM BEACH FL 33480 ☐ DELETE

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE D
NAME MERRITT, SUSAN
STREET ADDRESS 311 ROYAL POINCIANA PLAZA
CITY - ST - ZIP PALM BEACH FL 33480 ☒ DELETE

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-96

Date

835-0712

Daytime Phone #

CR2E037 (3/96)