

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

277 ROYAL POINCIANA WAY
SUITE 150
PALM BEACH FL 33480
US

Mailing Address

277 ROYAL POINCIANNA WAY
SUITE E150
PALM BEACH FL 33480-4007
US3. Date Incorporated or Qualified
08/17/19953a. Date of Last Report
07/25/1996

4. FEI Number

APPLIED FOR 65-036
0027

Applied For

Not Applicable

6. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

HIBBARD, JEANNE
277 ROYAL POINCIANE WAY
SUITE 150
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

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 | D | <input type="checkbox"/> DELETE |
| NAME | SCHUPP, SUSAN | |
| STREET ADDRESS | 140 NORTH COUNTY RD. | |
| CITY - ST - ZIP | PALM BEACH FL 33480 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DEMPSEY, GEORGE | |
| STREET ADDRESS | 50 COCOANUT ROW | |
| CITY - ST - ZIP | PALM BEACH FL 33480 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | HIBBARD, JEANNE | |
| STREET ADDRESS | 245 ROYAL POINCIANA WAY | |
| CITY - ST - ZIP | PALM BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FAUST, MARSHALL | |
| STREET ADDRESS | 279 ROYAL POINCIANA WAY | |
| CITY - ST - ZIP | PALM BEACH FL 33480 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CONIGLIO, DONDR | |
| STREET ADDRESS | 111 BRADLEY PLACE | |
| CITY - ST - ZIP | PALM BEACH FL 33480 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0038495

CR2E037 (9/96)