

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

277 ROYAL POINCIANA WAY  
SUITE 150  
PALM BEACH FL 33480  
US

277 ROYAL POINCIANA WAY  
SUITE 150  
PALM BEACH FL 33480  
US

3. Date Incorporated or Qualified

08/17/1995

4. FEI Number

65-0360027

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Country

28 Zip

Country

9. Name

Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Alison Pruitt

82 Street Address (P.O. Box Number is Not Acceptable)

349 Granada Road

83

84 City

West Palm Beach

85 FL

Zip Code

33401

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

4-29-98

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHUPP, SUSAN	
STREET ADDRESS	140 NORTH COUNTY RD.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEMPSEY, GEORGE	
STREET ADDRESS	50 COCONUT ROW	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HIBBARD, JEANNE	
STREET ADDRESS	245 ROYAL POINCIANA WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FAUST, MARSHALL	
STREET ADDRESS	278 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	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brian LaBodie	
1.3 STREET ADDRESS	50 Coconut Row Ste. 120	
1.4 CITY-ST-ZIP	Palm Beach, FL 33480	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Shelly Raines	
2.3 STREET ADDRESS	245 Royal Poinciana Way	
2.4 CITY-ST-ZIP	Palm Beach, FL 33480	
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Yvonne Lee	
3.3 STREET ADDRESS	217 Peruvian Avenue #4	
3.4 CITY-ST-ZIP	Palm Beach, FL 33480	
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 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 #

4-29-98 (J61) 835-0212

CR2E037 (10/97)