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Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90045 017 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000003958**

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 POINCIANA WAY  
SUITE E150  
PALM BEACH FL 33480  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0360027

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRUITT, ALISON  
349 GRANADA ROAD  
SUITE 150  
WEST PALM BEACH FL 33401

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME LABADIE, BRIAN  
STREET ADDRESS 50 COCONUT ROW STE 120  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☒ DELETE

NAME RAINES, SHELLY  
STREET ADDRESS 245 ROYAL POINCIANA WAY  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☒ DELETE

NAME LEE, YVONNE  
STREET ADDRESS 217 PERUVIAN, AVE #4  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ DELETE

NAME CONIGLIO, DONDR  
STREET ADDRESS 111 BRADLEY PLACE  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP Joe Santisi ☐ Change ☒ Addition

309 Royal Poinciana Plaza  
Palm Beach, FL 33480

Treasurer / Sec'y Jeanne Hibbard ☐ Change ☒ Addition

245 Royal Poinciana Way  
Palm Beach, FL 33480

Director Chris Dougherty ☐ Change ☒ Addition

P.O. Box 1105  
Palm Beach, FL 33480

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

835-0312

CR2E037 (11/98)