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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000017**

1. Corporation Name

**ROYAL PALM ROTTWEILER CLUB, INC.**

Principal Place of Business

Mailing Address

**2107 S.E. 12th St.  
CAPE CORAL, FL 33990**

**P.O. Box 1606  
FT. MYERS, FL 33902**

2. Principal Place of Business

2a. Mailing Address

21

**2107 S.E. 12th St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

**h**

City & State

City & State

23

**CAPE CORAL, FL**

Zip

Country

Zip

Country

24

25

26

**33990**

30

**LEE**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**1995**

3a. Date of Last Report

**1996**

4. FEI Number

**65-0586799**

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

10. Name and Address of New Registered Agent

81 Name

**SAME**

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 ☒ PRESIDENT / DIRECTOR ☐ DELETE  
NAME **EARLE SOMMERS**  
STREET ADDRESS **132 CIRCLE DRIVE**  
CITY-ST-ZIP **FT MYERS, FL 33905**

TITLE ☐ VP / DIRECTOR ☐ DELETE  
NAME **KAREN SMOCK**  
STREET ADDRESS **2107 SE 12th St**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☐ SECRETARY ☐ DELETE  
NAME **EARLE SOMMERS**  
STREET ADDRESS **132 CIRCLE DR**  
CITY-ST-ZIP **FT MYERS, FL 33905**

TITLE ☐ TREASURER ☐ DELETE  
NAME **BYRON SMOCK**  
STREET ADDRESS **2107 SE 12th St**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☐ ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

**By: Smock**  
**BYRON SMOCK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/10/97**

Date

**941-939-2233**

Daytime Phone #

CR2E037 (9/96)