

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90354 007 \*\*\*\*61.25

**DOCUMENT # N97000004260**

1. Entity Name  
**ROYAL PALM GOLF ESTATES HOMEOWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**KRAMER TRIAD MGMT  
3050 HORSHOE DR NORTH N #275  
NAPLES, FL 34104**

Mailing Address  
**KRAMER TRIAD MGMT  
3050 HORSHOE DR NORTH N #275  
NAPLES, FL 34104**

40084310



**DO NOT WRITE IN THIS SPACE**

04082008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3514643**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ZEDECK, LEONARD E  
13790 NW 4TH ST  
STE 113  
SUNRISE, FL 33325**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOM, ASHLEY 1551 HANSON STREET SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSS, LEONARD 13050 BRIDGEFORD AVE BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOM, HOWARD 4281 LIVE OAK BLVD. DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLAN, LEONARD 18030 BLUEWATER RD NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTSON, MICHAEL 18397 ROYAL HAMMOCK BLVD NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Michael Brown/Agent*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/9/08*  
Date

*239-2631577*  
Daytime Phone #