

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

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90011 013 ****61.25

DOCUMENT # N98000001205

1. Entity Name
**ROYAL PALM CONDOMINIUM OWNERS' ASSOCIATION,
INC.**



Principal Place of Business
**3050 N HORSESHOE DR
#172
NAPLES, FL 34104**

Mailing Address
**3050 N HORSESHOE DR
#172
NAPLES, FL 34104**

4001000



DO NOT WRITE IN THIS SPACE

02042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3503022

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KENT, KRISTON
1660 MEDICAL BLVD #100
NAPLES, FL 34110**

**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
**VD
HEITMANN, JEFFREY
3050 N HORSESHOE DR #172
NAPLES, FL 34104**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
KENT, KRISTON J
3050 N HORSESHOE DR #172
NAPLES, FL 34104**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
CRANDALL, BLAINE
3050 N HORSESHOE DR #172
NAPLES, FL 34104**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08
Date

239 403 4006
Daytime Phone #