

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -1 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V39600** (4)
1. Corporation Name
ROYAL PALM COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address
6226 FAIRWAY BAY **6226 FAIRWAY BAY**
GULFPORT FL 33707 **GULFPORT FL 33707**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/29/1992** 3a. Date of Last Report **02/22/1994**

4. FEI Number **59-3129060** 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARSENAULT, KENNETH G., JR.
10225 ULMERTON ROAD
SUITE 2
LARGO FL 34641

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **MINKOFF, THOMAS**
STREET ADDRESS **6226 FAIRWAY BAY**
CITY ST ZIP **GULFPORT FL**

11 TITLE ☐ Change ☐ Addition

TITLE **VPDS**
NAME **SMITH, EDWARD**
STREET ADDRESS **P. O. BOX 3832 N/A**
CITY ST ZIP **SEMINOLE FL 34642**

21 TITLE ☐ Change ☐ Addition

TITLE **AS**
NAME **ARSENAULT, KENNETH**
STREET ADDRESS **6226 FAIRWAY BAY**
CITY ST ZIP **GULFPORT FL**

31 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF WORTHY OFFICER OR DIRECTOR

7/27/95

873-392-0400