

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

30 MAY - 1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **705744** (1)

1. Corporation Name

PARK PLACE CLUB OF NAPLES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2020 GULF SHORE BLVD N. NAPLES FL 33940-4624	Mailing Address 2020 GULF SHORE BLVD N. NAPLES FL 33940-4624
--	--

3. Date Incorporated or Qualified 06/10/1963	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1026142	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
---	--

9. Name and Address of Current Registered Agent

**JODER, MARJORIE J
3003 TAMAMI TRL N STE 120
NAPLES FL 33940**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
% Accounting & Tax Associates of Naples, Inc.
B3 **802 Anchor Rode Drive**
B4 City **Naples** B5 Zip Code **FL 33940-2739**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE DS	NAME KENNEDY, RICHARD STREET ADDRESS 2020 GULF SHORE BLVD., NORTH, APT. #105 CITY - ST - ZIP NAPLES FL
TITLE DP	NAME PASSAGE, MARION STREET ADDRESS 2020 GULF SHORE BLVD N. #104 CITY - ST - ZIP NAPLES FL
TITLE D	NAME LA CANFORA, PETER STREET ADDRESS 2020 GULF SHORE BLVD. N. #206 CITY - ST - ZIP NAPLES FL
TITLE DVP	NAME HATHAWAY, PETER L. STREET ADDRESS 2020 GULF SHORE BLVD., NO CITY - ST - ZIP NAPLES FL
TITLE DT	NAME SHELLEY, HENRY STREET ADDRESS 2020 GULF SHORE BLVD. N., #101 CITY - ST - ZIP NAPLES FL
TITLE	NAME STREET ADDRESS CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	D Correction <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	D/T Correction <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	D/P Correction <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	D/VP Correction <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marjorie J. Joder **Marjorie J. Joder** 4/28/95 (813) 262-1874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR OFFICE (Date) (Telephone Area #)
Registered Agent