

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **705744** (1)
1. Corporation Name
PARK PLACE CLUB OF NAPLES, INC.



| | | | |
|---|--------------------------------|---|---------------------|
| Principal Place of Business | | Mailing Address | |
| 2020 GULF SHORE BLVD N. NAPLES FL 33940-4624 | | 2020 GULF SHORE BLVD N. NAPLES FL 33940-4624 | |
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 29 | Country |
| 25 | Country | 30 | Country |

| | |
|---|--------------------------------|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 06/10/1963 | 05/01/1995 |
| 4. FEI Number | Applied For |
| 59-1026142 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| JODER, MARJORIE J C/O ACCOUNTING & TAX ASSOCIATES OF NAPLES 802 ANCHOR DRIVE NAPLES FL 33940 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | DS <input type="checkbox"/> DELETE | 1.1 TITLE | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KENNEDY, RICHARD | 1.2 NAME | |
| STREET ADDRESS | 2020 GULF SHORE BLVD., NORTH, APT. #105 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PASSAGE, MARION | 2.2 NAME | KENNEDY, LU |
| STREET ADDRESS | 2020 GULF SHORE BLVD N. #104 | 2.3 STREET ADDRESS | 2020 GULF SHORE BLVD. N., #105 |
| CITY-ST-ZIP | NAPLES FL | 2.4 CITY-ST-ZIP | NAPLES, FL |
| TITLE | DT <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LA CANFORA, PETER | 3.2 NAME | |
| STREET ADDRESS | 2020 GULF SHORE BLVD. N. #206 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 3.4 CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> DELETE | 4.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HATHAWAY, PETER L. | 4.2 NAME | |
| STREET ADDRESS | 2020 GULF SHORE BLVD., NO | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 4.4 CITY-ST-ZIP | |
| TITLE | DVP <input type="checkbox"/> DELETE | 5.1 TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHELLEY, HENRY | 5.2 NAME | |
| STREET ADDRESS | 2020 GULF SHORE BLVD. N., #101 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Henry Shelley* Henry Shelley, Pres. 4/24/96 (941) 434-0501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/96)