

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 705744

1. Corporation Name

PARK PLACE CLUB OF NAPLES, INC.

FILED Apr 26, 1999 08:00 AM Secretary of State

Principal Place of Business 2020 GULF SHORE BLVD N. NAPLES FL 34102-1601 US

Mailing Address 2020 GULF SHORE BLVD N. NAPLES FL 33940-4624



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	06/10/1963	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-1026142	
24	Country	29	Country	Applied For	
		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/>	
COMBS, LINDA J C/O ACCOUNTING & TAX ASSOCIATES OF NAPLES 802 ANCHOR DRIVE NAPLES FL 34103				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
COMBS, LINDA J C/O ACCOUNTING & TAX ASSOCIATES OF NAPLES 802 ANCHOR DRIVE NAPLES FL 34103				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				83	800 Harbour Drive			
				84	City	Naples,	85	Zip Code

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 *Thomas F. Meldon* Thomas F. Meldon, C.A.M. April 19, 1999

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	D	<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	DS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEDY, LU		2.2 NAME	NASH, SHERRILL G.	
STREET ADDRESS	2020 GULF SHORE BLVD. N., #105		2.3 STREET ADDRESS	645 WALTWOOD CIRCLE	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	BALTIMORE, MD 21212	
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	DVP	<input type="checkbox"/> DELETE	4.1 TITLE	D/D/P	<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	D	<input type="checkbox"/> DELETE	5.1 TITLE	D/V/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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Peter L. Hathaway* REQUIRED Peter L. Hathaway, President April 19, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0063156

CR2E037 (11/98)