

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90199 029 ****61.25

DOCUMENT # 705744

1. Entity Name
PARK PLACE CLUB OF NAPLES, INC.



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

Mailing Address
2020 GULF SHORE BLVD N.
NAPLES, FL 34102-1601 US

01002822



04212004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1026142

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELDON, THOMAS E
C/O MELDON CONSULTANTS
800 HARBOUR DRIVE
NAPLES, FL 34103

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	BAYLAY, JR., ROBERT
STREET ADDRESS	2020 GULF SHORE BLVD N #209
CITY- ST- ZIP	NAPLES, FL 34102
TITLE	D
NAME	HATHAWAY, PETER L.
STREET ADDRESS	2020 GULF SHORE BLVD., NO
CITY- ST- ZIP	NAPLES, FL
TITLE	D
NAME	SHELLEY, HENRY
STREET ADDRESS	2020 GULF SHORE BLVD. N., #101
CITY- ST- ZIP	NAPLES, FL
TITLE	DT
NAME	NASH, RICHARD
STREET ADDRESS	2020 GULF SHORE BLVD N #205
CITY- ST- ZIP	NAPLES, FL 34102
TITLE	DP
NAME	MORAN, JOHN P
STREET ADDRESS	2020 GULF SHORE BLVD N, #203
CITY- ST- ZIP	NAPLES, FL 34102
TITLE	DS
NAME	KENNEDY, MARY LOU
STREET ADDRESS	2020 GULF SHORE BLVD N #211
CITY- ST- ZIP	NAPLES, FL 34102

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IN THIS SPACE**

12. 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 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: Mary Lou Kennedy, SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-21-04

(239) 261-8046