


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90112 043 ****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



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04252005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-1026142

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
MELDON, THOMAS E
C/O MELDON CONSULTANTS
800 HARBOUR DRIVE
NAPLES, FL 34103

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2005

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BAYLAY, JR., ROBERT 2020 GULF SHORE BLVD N #209 NAPLES, FL 34102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATHAWAY, PETER L. 2020 GULF SHORE BLVD., NO NAPLES, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELLEY, HENRY 2020 GULF SHORE BLVD. N., #101 NAPLES, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NASH, RICHARD 2020 GULF SHORE BLVD N #205 NAPLES, FL 34102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORAN, JOHN P 2020 GULF SHORE BLVD N, #203 NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KENNEDY, MARY LOU 2020 GULF SHORE BLVD N #211 NAPLES, FL 34102 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBERTS, BROOKE 2020 GULF SHORE BLVD N, # 204 NAPLES, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **Mary Lou Kennedy** *Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4-28-05* **4-28-05** Daytime Phone #: *239-262-6040*