


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90251 038 ****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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04262006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-1026142		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MELDON, THOMAS E C/O MELDON CONSULTANTS 800 HARBOUR DRIVE NAPLES, FL 34103		Name William Moore c/o MELDON Consultants	
		Street Address (P.O. Box Number is Not Acceptable) 4949 TAMiami TRAIL N	
		ste #201	
		City NAPLES, FL Zip Code 34103-3017	
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 William S. Moore		DATE 4/27/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYLAY, JR., ROBERT	NAME	
STREET ADDRESS	2020 GULF SHORE BLVD N #209	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATHAWAY, PETER L.	NAME	
STREET ADDRESS	2020 GULF SHORE BLVD., NO	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELLEY, HENRY	NAME	
STREET ADDRESS	2020 GULF SHORE BLVD. N., #101	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASH, RICHARD	NAME	
STREET ADDRESS	2020 GULF SHORE BLVD N #205	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, BROOKE	NAME	
STREET ADDRESS	2020 GULF SHORE BLVD N #204	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEDY, MARY LOU	NAME	DS MIHALIAK KATHRYN
STREET ADDRESS	2020 GULF SHORE BLVD N #211	STREET ADDRESS	2020 GULF SHORE BLVD. N # 107
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	NAPLES, FL 34102
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William S. Moore		Registered Agent 4/27/06 239-435-0424	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	