


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90179 001 ****61.25

DOCUMENT # 705744

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



Principal Place of Business
**C/O COSTAL PROPERTY MANAGEMENT OF SW FLA.
 501 GOODLETTE RD. N, STE. A-206
 NAPLES, FL 34102 US**

Mailing Address
**C/O COSTAL PROPERTY MANAGEMENT OF SW FLA.
 501 GOODLETTE RD. N, STE.-A-206-
 NAPLES, FL 34102 US**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
SUITE C-200
 City & State
 Zip Country

02122007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1026142

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**COSTAL PROPERTY MANAGEMENT OF SW FLORIDA
 501 GOODLETTE ROAD, N,
 SUITE A-206
 NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
SUITE C-200
 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 _____ DATE _____
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, 2007**

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	DVP	<input type="checkbox"/> Delete
NAME	BAYLAY, JR., ROBERT	
STREET ADDRESS	2020 GULF SHORE BLVD N #209	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	HATHAWAY, PETER L.	
STREET ADDRESS	2020 GULF SHORE BLVD., NO	
CITY-ST-ZIP	NAPLES, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHELLEY, HENRY	
STREET ADDRESS	2020 GULF SHORE BLVD. N., #101	
CITY-ST-ZIP	NAPLES, FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	NASH, RICHARD	
STREET ADDRESS	2020 GULF SHORE BLVD N #205	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ROBERTS, BROOKE	
STREET ADDRESS	2020 GULF SHORE BLVD N #204	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MIHALIAK, KATHRYN	
STREET ADDRESS	2020 GULF SHORE BLVD N 107	
CITY-ST-ZIP	NAPLES, FL 34102	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Green - Manager
2/28/2007 239-434-2077