



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90018 011 ****61.25

DOCUMENT # 705744			
1. Entity Name PARK PLACE CLUB OF NAPLES, INC.			
Principal Place of Business C/O COSTAL PROPERTY MGMT OF SW FLA. 501 GOODLETTE RD. N, STE. A-206 NAPLES, FL 34102 US		Mailing Address C/O COSTAL PROPERTY MGMT OF SW FLA. 501 GOODLETTE RD. N, STE. C-208 NAPLES, FL 34102 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE C-200	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1026142		Applied For <input type="checkbox"/> 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	
COSTAL PROPERTY MANAGEMENT OF SW FLORIDA 501 GOODLETTE ROAD. N, SUITE C-200 NAPLES, FL 34102		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DVP	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	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATHAWAY, PETER L.	NAME	SEC
STREET ADDRESS	2020 GULF SHORE BLVD., NO	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL	CITY-ST-ZIP	
TITLE	D	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	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	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	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIHALIAK, KATHRYN	NAME	DIRECTOR
STREET ADDRESS	2020 GULF SHORE BLVD N 107	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	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 an other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

John S. Green - Manager
 03-05-2008 - Ph 239-434-2077