FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **745672** **(6)**

1. Corporation Name

PARK PLACE OF NAPLES CONDOMINIUM ASSOCIATION, IN C.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O ACCOUNTING & TAX ASSOC OF NAPLES INC 3003 N TAMIAMI TRAIL SUITE 120 NAPLES FL 33940	C/O ACCOUNTING & TAX ASSOC OF NAPLES INC 3003 N TAMIAMI TRAIL SUITE 120 NAPLES FL 33940

3. Date Incorporated or Qualified: 01/23/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1977502 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 802 Anchor Rode Drive	Suite, Apt. #, etc. 27 802 Anchor Rode Drive
City & State 23 Naples, FL	City & State 28 Naples, FL
Zip / Country 24 33940-2739 / 25 Collier	Zip / Country 29 33940-2739 / 30 Collier

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JODER, MARJORIE J 3003 N TAMIAMI TRAIL SUITE 120 NAPLES FL 33940	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): % Accounting & Tax Associates of Naples, Inc. 83: 802 Anchor Rode Drive 84 City: Naples FL 85 Zip Code: 33940-2739

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	11 TITLE	D/S	☒ Change ☐ Addition
NAME	FOX, WALTER	12 NAME	Patricia J. Donovan	
STREET ADDRESS	4126 BELAIR LANE	13 STREET ADDRESS	4126 Belair Lane, #B-2	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	Naples, FL 33940	
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	DRAKE, RAYMOND	22 NAME		
STREET ADDRESS	4126 BELAIR LANE	23 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP		
TITLE	DVP	31 TITLE		☐ Change ☐ Addition
NAME	SCHROLL, WILLIAM J	32 NAME		
STREET ADDRESS	305 SHEPARD SQ	33 STREET ADDRESS		
CITY-ST-ZIP	BREVARD NC	34 CITY-ST-ZIP		
TITLE	DT	41 TITLE		☐ Change ☐ Addition
NAME	JULCH, CARL	42 NAME		
STREET ADDRESS	4126 BELAIR LANE	43 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	LEDR, RICHARD	52 NAME		
STREET ADDRESS	4126 BELAIR LANE C-6	53 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond Drake Raymond Drake, Pres. 4/28/95 (813) 262-1874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018300