

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 745672 (6)

1. Corporation Name

PARK PLACE OF NAPLES CONDOMINIUM ASSOCIATION, IN  
C.

Principal Place of Business

Mailing Address

C/O ACCOUNTING & TAX ASSOC OF NAPLES INC  
802 ANCHOR RODE DR  
NAPLES FL 33940-2739  
US

C/O ACCOUNTING & TAX ASSOC OF NAPLES INC  
802 ANCHOR RODE DR  
NAPLES FL 34103-2739  
US

3. Date Incorporated or Qualified  
01/23/1979

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 No INC. on Accounting & Tax Associates of Naples

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 34103-2739

25

29

30

4. FEI Number  
59-1977502

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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  
%ACCOUNTING & TAX ASSOCIATES OF NAPLES INC  
802 ANCHOR RODE DR  
NAPLES FL 33940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

Accounting & Tax Associates of Naples

84 City

FL

85 Zip Code  
34103-2739

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS ☐ DELETE  
NAME PATRICIA J. DONOVAN  
STREET ADDRESS 4126 BELAIR LANE, #B-2  
CITY-ST-ZIP NAPLES FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DP ☐ DELETE  
NAME DRAKE, RAYMOND  
STREET ADDRESS 4126 BELAIR LANE  
CITY-ST-ZIP NAPLES FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DVP ☒ DELETE  
NAME SCHROLL, WILLIAM J  
STREET ADDRESS 305 SHEPARD SQ  
CITY-ST-ZIP BREVARD NC

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DT ☐ DELETE  
NAME JULCH, CARL  
STREET ADDRESS 4126 BELAIR LANE  
CITY-ST-ZIP NAPLES FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME LEDR, RICHARD  
STREET ADDRESS 4126 BELAIR LANE C-8  
CITY-ST-ZIP NAPLES FL

5.1 TITLE D/VP ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME SCHROLL, BETTY  
6.3 STREET ADDRESS 4126 BELAIR LANE  
6.4 CITY-ST-ZIP NAPLES, FL 34103

14. I do 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 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.

CR2E037 (9/96)