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May 18 1998 8:00am
Secretary of State

NONPROFIT - CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745672** (6)

1. Corporation Name

PARK PLACE OF NAPLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ACCTNG & TAX ASSOC. OF NAPLES
802 ANCHOR RODE DR
NAPLES FL 33940-2739
US

ACCTNG & TAX ASSOC. OF NAPLES
802 ANCHOR RODE DR
NAPLES FL 33940-2739
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/23/1979

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Linda J. Combs

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

c/o Accounting & Tax Associates of Naples

83

802 Anchor Rode Drive

84 City

Naples

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

Linda J. Combs

LINDA J. COMBS

4/29/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **OS** ☐ DELETE

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

TITLE **DP** ☐ DELETE

NAME **DRAKE, RAYMOND**
STREET ADDRESS **4126 BELAIR LANE**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE

NAME **SCHROLL, BETTY**
STREET ADDRESS **4126 BELAIR**
CITY-ST-ZIP **NAPLES FL**

TITLE **DT** ☐ DELETE

NAME **JULCH, CARL**
STREET ADDRESS **4126 BELAIR LANE**
CITY-ST-ZIP **NAPLES FL**

TITLE **DVP** ☐ DELETE

NAME **LEDR, RICHARD**
STREET ADDRESS **4126 BELAIR LANE C-6**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE:

Raymond Drake

Raymond Drake

4/29/98

(941) 261-8677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0060898**

CR2E037 (10/97)