

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90047 020 ****61.25

DOCUMENT # 745672

1. Corporation Name

**PARK PLACE OF NAPLES CONDOMINIUM ASSOCIATION, IN
C.**

Principal Place of Business

4126 BELAIR LANE
NAPLES FL 34103
US

Mailing Address

4126 BELAIR LANE
NAPLES FL 34103
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/23/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

59-1977502

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMBS, LINDA J
C/O ACCOUNTING & TAX ASSOC OF NAPLES
802 ANCHOR RODE DR
NAPLES FL FL 34103

81 Name
David J. Hudson

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

Accounting & Tax Associates of Naples

83 802 Anchor Rode Drive

84 City
Naples

85 Zip Code
FL 34103

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

David J. Hudson

April 28, 1999

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

3.1 TITLE **Member-at-Large** ☒ 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 **DVP** ☐ DELETE
NAME **LEDR, RICHARD**
STREET ADDRESS **4126 BELAIR LANE C-6**
CITY-ST-ZIP **NAPLES FL**

5.1 TITLE ☐ 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 ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE: **Raymond Drake**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/99

(941) 261-8677

CR2E037 (11/98)