


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 758877 (5) 1. Corporation Name PARK SHORE RESORT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 600 NEAPOLITAN WAY NAPLES FL 33940-7890			Mailing Address 600 NEAPOLITAN WAY NAPLES FL 33940-7990		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/23/1981 4. FEI Number 59-2228662 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MONSRUD, MARY ANNE 600 NEAPOLITAN WAY NAPLES FL 33940			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS 1.1 TITLE PD 1.2 NAME JONES, DONALD G 1.3 STREET ADDRESS 801 ENDICOTT AVE 1.4 CITY-ST-ZIP RIVERTON NJ 1.5 TITLE SD 1.6 NAME FLUEGEL, DONALD 1.7 STREET ADDRESS 999 WESTVIEW DR. 1.8 CITY-ST-ZIP HASTINGS FL 1.9 TITLE VD 1.10 NAME REEVES, SHIRLEY 1.11 STREET ADDRESS 27407 PELICAN CIRCLE 1.12 CITY-ST-ZIP BONITA SPRINGS FL 1.13 TITLE TD 1.14 NAME GRAHAM, ROBERT 1.15 STREET ADDRESS 1127 ROYAL PALM DRIVE 1.16 CITY-ST-ZIP NAPLES FL 1.17 TITLE D 1.18 NAME DI NICOLA, DARIO 1.19 STREET ADDRESS 26368 TIMBER TRAIL 1.20 CITY-ST-ZIP DEARBORN HEIGHTS MI					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE SD 2.2 NAME Fluegel, Donald 2.3 STREET ADDRESS 1303 S Frontage Rd, #5 2.4 CITY-ST-ZIP Hastings MN 55033					
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Donald Fluegel 4-21-98 612 438-9777 Date Daytime Phone #		

CR2E037 (10/97)