


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # 758877 1. Entity Name PARK SHORE RESORT CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 600 NEAPOLITAN WAY NAPLES, FL 34103	Mailing Address 600 NEAPOLITAN WAY NAPLES, FL 34103
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DO NOT WRITE IN THIS SPACE



02012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2228662	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MONSRUD, MARY ANNE 600 NEAPOLITAN WAY NAPLES, FL 33940
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLUEGEL, DONALD 1303 S. FRONTAGE RD 5 HASTINGS, MN 55033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELANDER, DAVID 4255 GULFSHORE BLVD N #401 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DI NICOLA, DARIO 26368 TIMBER TRAIL DEARBORN HEIGHTS, MI 48127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEELE, DON 913 JILL PLACE WEST LAFAYETTE, IN 47906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS, JEFFREY 7751 EFFINGHAM SQUARE ALEXANDRIA, VA 22315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000844660
03/13/08-80007-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	2/11/08	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			