

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N38917** (3)

1. Corporation Name

PARK PLACE WEST ASSOCIATION, INC.

Principal Place of Business

**G/O LLOYD G. SHEEHAN
5600 TRAIL BLVD. S-1
NAPLES FL 33962**

Mailing Address

**P.O. Box 10249
G/O LLOYD G. SHEEHAN
5600 TRAIL BLVD. S-1
NAPLES FL 33962 33941-0249**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1990

3a. Date of Last Report

02/28/1994

4. FEI Number

65-0253194

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

9. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

29

Country

30

33941-0249 COLLIER

9. Name and Address of Current Registered Agent

**SHEEHAN, LLOYD G.
5600 TRAIL BLVD.
S-1
NAPLES FL 33962**

10. Name and Address of New Registered Agent

**81 Name
THOMAS M BANTZ
82 Street Address (P.O. Box Number is Not Acceptable)
4985 E TAMiami TR
83
84 City
NAPLES FL 85 Zip Code
33962**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Thomas M Bantz

(NOTE: Registered Agent signature required when resigning)

DATE **1/28/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHEEHAN, LLOYD G.
STREET ADDRESS	5600 TRAIL BLVD. S-1
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	BRIDGEMAN, CAROLYN E.
STREET ADDRESS	5600 TRAIL BLVD. S-1
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	SHEEHAN, NANCY J.
STREET ADDRESS	5600 TRAIL BLVD. S-1
CITY - ST - ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	MICHAEL MOORE	
1.3 STREET ADDRESS	9256 GULF SHORE DR N	
1.4 CITY - ST - ZIP	NAPLES FL	
2.1 TITLE	VPD	☒ Change ☐ Addition
2.2 NAME	RICHARD RUNDLE	
2.3 STREET ADDRESS	975 IMPERIAL GOLF COURSE BLVD	
2.4 CITY - ST - ZIP	NAPLES FL	
3.1 TITLE	STD	☒ Change ☐ Addition
3.2 NAME	CAROLYN MOORE	
3.3 STREET ADDRESS	9256 GULF SHORE DR N	
3.4 CITY - ST - ZIP	NAPLES FLORIDA	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Richard Rundle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD RUNDLE, V.P.D.

DATE

1/28/95

93-560-760P
Filing Fee #