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Mar 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38917 (3)

1. Corporation Name

PARK PLACE WEST ASSOCIATION, INC.

Principal Place of Business

P O BOX 10249
5600 TRAIL BLVD., S-1
NAPLES S 33941-0249
US

Mailing Address

P O BOX 10249
5600 TRAIL BLVD., S-1
NAPLES FL 34101-0249
US3. Date Incorporated or Qualified
06/29/19903a. Date of Last Report
04/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

25 P.O. Box 10249

Suite, Apt. #, etc.

27 City & State

28 Naples, FL.

Zip

29 34101-0249

Country

30 U.S.A.

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

BANTZ, THOMAS M
4985 E TAMiami TRAIL
S-1
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name

Stephen P. Hall

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

Collier Financial, Inc

83

4985 East Tamiami Trail

84 City

Naples

FL

85 Zip Code

29113

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/21/97

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
MOORE, MICHAEL
9256 GULF SHORE DR N
NAPLES FL☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VPST
RUNDLE, RICAHRD
975 IMPERIAL GOLF COURSE BLVD
NAPLES FL☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
BUGHMAN, ROY F
1196 IMPERIAL DR
NAPLES FL☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

D Ned Robbins

1160 IMPERIAL DR.
Naples, FL.☐ Change☒ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change☐ Addition

14. I do 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:

Michael J. Bughman

3/26/97

941-774-1142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0068312

CR2E037 (9/96)