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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38917** (3)

1. Corporation Name

PARK PLACE WEST ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 10249
5800 TRAIL BLVD., S-1
NAPLES FL 33941-0249
US**

**P O BOX 10249
NAPLES FL 33941-0249
US**

3. Date Incorporated or Qualified

06/29/1990

4. FEI Number

65-0253194

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip
34108

25 Country
USA

28 Zip
34101

30 Country
USA

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BANTZ, THOMAS M
4985 E TAMIAHI TRAIL
COLLIER FINANCIAL, INC.
NAPLES FL 34113**

81 Name **Stephen P. Hart**
82 Street Address (P.O. Box Number Is Not Acceptable)
COLLIER FINANCIAL INC.
83 **4985 E TAMIAHI TRAIL**
84 City **NAPLES** 85 State **FL** 86 Zip Code **34113**

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)

DATE

4/3/98

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PD**
NAME **MOORE, MICHAEL**
STREET ADDRESS **9256 GULF SHORE DR N**
CITY-ST-ZIP **NAPLES FL**

TITLE **VPST** ☒ DELETE
NAME **RUNDLE, RICHARD**
STREET ADDRESS **975 IMPERIAL GOLF COURSE BLVD**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE
NAME **ROBBINS, NED**
STREET ADDRESS **1160 IMPERIAL DR.**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE **AT**
1.2 NAME **STEPHEN I. HART**
1.3 STREET ADDRESS **4985 E. TAMIAHI TR.**
1.4 CITY-ST-ZIP **NAPLES FL**

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

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

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 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:

STEPHEN I. HART

4/8/98

941-774-1142

CR2E037 (1097)