

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718451

FILED
Feb 25, 2004
Secretary of State**Entity Name:** PARK TERRACE CLUB OF NAPLES, INC.**Current Principal Place of Business:**% NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES, FL 34109 US**New Principal Place of Business:****Current Mailing Address:**% NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES, FL 34109 US**New Mailing Address:****FEI Number:** 59-1519567**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NEWELL, WILLIAM
5435 JAEGER ROAD #4
NAPLES, FL 34109 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** TD () Delete
Name: BEVINGTON, JULIUS
Address: 72 7TH STREET S. #204
City-St-Zip: NAPLES, FL 34102**Title:** VD () Delete
Name: TISHER, CHARLES
Address: 72 7TH STREET S. #204
City-St-Zip: NAPLES, FL 34102**Title:** SD () Delete
Name: DORNFELD, ELTA
Address: 72 7TH STREET, SOUTH #108
City-St-Zip: NAPLES, FL 34102**Title:** VD () Delete
Name: STEPHENSON, CONNIE
Address: 72 - 7TH ST., S., #111
City-St-Zip: NAPLES, FL 34102**Title:** PD (X) Delete
Name: WILSON, ALICE
Address: 72 7TH STREET S, #202
City-St-Zip: NAPLES, FL 34102**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: WILSON, ALICE
Address: 72 7TH ST S #202
City-St-Zip: NAPLES, FL 34102**Title:** VD (X) Change () Addition
Name: STEPHENSON, CONNIE
Address: 72 7TH ST S #111
City-St-Zip: NAPLES, FL 34102**Title:** VD (X) Change () Addition
Name: TISCHER, CHARLES
Address: 72 7TH ST S #204
City-St-Zip: NAPLES, FL 34102**Title:** TD (X) Change () Addition
Name: BEVINGTON, JULIUS
Address: 72 7TH ST S #104
City-St-Zip: NAPLES, FL 34102**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE WILSON

PD

02/25/2004

Electronic Signature of Signing Officer or Director

Date