

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38917

FILED
Apr 25, 2005
Secretary of State

Entity Name: PARK PLACE WEST ASSOCIATION, INC.

Current Principal Place of Business:

1203 IMPERIAL DRIVE
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 10249
NAPLES, FL 341010249 US

New Mailing Address:

FEI Number: 65-0253194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, STEPHEN P
4985 E TAMiami TRAIL
COLLIER FINANCIAL, INC.
NAPLES, FL 34113 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: PD () Delete
Name: GAGNIER, JOSEPH
Address: 1213 IMPERIAL DR
City-St-Zip: NAPLES, FL 34110

Title: VD () Delete
Name: ADAMS, ROBERT
Address: 1224 IMPERIAL DRIVE
City-St-Zip: NAPLES, FL 34110

Title: VD () Delete
Name: WOOD, KENNETH
Address: 1196 IMPERIAL DR
City-St-Zip: NAPLES, FL 34110

Title: SD () Delete
Name: GAST, MARY LOU
Address: 1192 IMPERIAL DRIVE
City-St-Zip: NAPLES, FL 34110

Title: TD () Delete
Name: RICHES, JON
Address: 1120 IMPERIAL DRIVE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOE GAGNIER

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date