

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705744

**FILED**  
**Mar 15, 2013**  
**Secretary of State**  
**CC0598179591**

**Entity Name:** PARK PLACE CLUB OF NAPLES, INC.

**Current Principal Place of Business:**

C/O GULF VIEW PROPERTY MGMT. INC  
2335 9TH ST. N. STE. 505  
NAPLES, FL 34103

**Current Mailing Address:**

C/O GULF VIEW PROPERTY MGMT. INC  
2335 9TH ST. N. STE. 505  
NAPLES, FL 34103 US

**FEI Number: 59-1026142**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GULF VIEW PROPERTY MGMT., INC  
2335 9TH ST. N. STE 505  
NAPLES, FL 34103 US

*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

**Officer/Director Detail :**

Title S  
Name KENNEDY, MARY LOU  
Address 2020 GULF SHORE BLVD N # 211  
City-State-Zip: NAPLES FL 34102

Title VP  
Name HATHAWAY, PETER L  
Address 2020 GULF SHORE BLVD. NO. 108  
City-State-Zip: NAPLES FL 34102

Title T  
Name JOHNSTON, PAUL  
Address 5 CRESTWOOD ROAD  
City-State-Zip: MARBLEHEAD MA 01945

Title P  
Name ROBERTS, BROOKE  
Address 2020 GULF SHORE BLVD N #204  
City-State-Zip: NAPLES FL 34102

Title D  
Name MOORE, KATE  
Address 2020 GULF SHORE BLVD N # 201  
City-State-Zip: NAPLES FL 34102

Title SECRETARY  
Name LAM, KIM-ANH  
Address 3150 BINNACLE DR #206  
City-State-Zip: NAPLES FL 34103

Title DIRECTOR  
Name MANDIA, FRANCIS  
Address 26 EMERSON RD  
City-State-Zip: NEW HARTFORD NY 13413

Title DIRECTOR  
Name BAYLEY, ROBERT  
Address 2020 GULF SHORE BLVD. N. #209  
City-State-Zip: NAPLES FL 34102

*I hereby 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 all other like empowered.*

**SIGNATURE: BROOKE ROBERTS**

**PRESIDENT**

**03/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date