

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 705744

Entity Name: PARK PLACE CLUB OF NAPLES, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S 215
NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S 215
NAPLES, FL 34104 US

FEI Number: 59-1026142

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESORT MANAGEMENT
C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S 215
NAPLES, FL 34104 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: ROBERT ROSENOW

12/22/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, D
Name HUME, BOB
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR. S 215
City-State-Zip: NAPLES FL 34104

Title VP. DIRECTOR
Name DOOLITTLE, JOHN
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR. S 215
City-State-Zip: NAPLES FL 34104

Title PRESIDENT, D
Name WISE, RANDALL
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR. S 215
City-State-Zip: NAPLES FL 34104

Title SECRETARY, D
Name MCBRIDE, ROSE
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR. S 215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name MANDIA, STEVE
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR. S 215
City-State-Zip: NAPLES FL 34104

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: ROSE MCBRIDE

SEC

12/22/2021

Electronic Signature of Signing Officer/Director Detail

Date