

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745672

Entity Name: PARK PLACE OF NAPLES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4126 BELAIR LANE
NAPLES, FL 34103**Current Mailing Address:**C/O RESORT MANAGEMENT
2685 HORSESHOE DR S #215
NAPLES, FL 34104 US**FEI Number:** 59-1977502**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

04/12/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GARRETSON, HENRY
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

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

Title TREASURER
Name GUZEK, TIMOTHY
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title SECRETARY
Name GALLEY, ANTONINETTE E
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name ALLEN, PENNY L
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: TIMOTHY GUZEK

TREASURER

04/12/2020

Electronic Signature of Signing Officer/Director Detail

Date