

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758877

**Entity Name:** PARK SHORE RESORT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**600 NEAPOLITAN WAY  
NAPLES, FL 34103**Current Mailing Address:**600 NEAPOLITAN WAY  
NAPLES, FL 34103**FEI Number:** 59-2228662**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONICA FLOWERS CREWS  
6620 ESTERO BOULEVARD  
FT. MYERS BEACH, FL 33931 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	SECRETARY
Name	BIRK, MONA
Address	600 NEAPOLITAN WAY UNIT 141
City-State-Zip:	NAPLES FL 34103

Title	VP
Name	DINICOLA, DARIO
Address	26368 TIMBER TRAIL
City-State-Zip:	DEARBORN HEIGHTS MI 48127

Title	PRESIDENT
Name	KRUM, MARK
Address	600 NEAPOLITAN WAY #240
City-State-Zip:	NAPLES FL 34103

Title	TREASURER
Name	RUDRUD, DANIEL
Address	3430 GULF SHORE BLVD N #6E
City-State-Zip:	NAPLES FL 34103

Title	DIRECTOR
Name	GERA, MARK
Address	1004 LIGONIER STREET 5TH FLOOR
City-State-Zip:	LATROBE PA 15650

*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:** MARK KRUM**PRESIDENT****02/29/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date