

2020 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:**GANNON, ANNE
6620 ESTERO BLVD.
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	DECRISTOFARO, JAMES (JERRY)
Address	123 THIRD ST
City-State-Zip:	MEDFORD MA 02155

Title	PRESIDENT
Name	FLEHINGER, HARRIET
Address	290 WEST END AVE #2D
City-State-Zip:	NEW YORK NY 10023

Title	TREASURER
Name	SANSONE, MARIANNE
Address	205 WORCESTER CT. SUITE B7
City-State-Zip:	FALMOUTH MA 02540

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

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

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: HARRIET FLEHINGER**PRESIDENT****01/20/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date