


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90251 038 \*\*\*\*61.25

<b>DOCUMENT # 705744</b> 1. Entity Name <b>PARK PLACE CLUB OF NAPLES, INC.</b>					
Principal Place of Business <b>2020 GULF SHORE BLVD N. NAPLES, FL 34102-1601 US</b>			Mailing Address <b>2020 GULF SHORE BLVD N. NAPLES, FL 34102-1601 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>59-1026142</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MELDON, THOMAS E C/O MELDON CONSULTANTS 800 HARBOUR DRIVE NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name <b>William Moore</b> c/o <b>MELDON Consultants</b> Street Address (P.O. Box Number is Not Acceptable) <b>4949 TAMiami TRAIL N</b> <b>ste #201</b> City <b>NAPLES, FL</b> Zip Code <b>34103-3017</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><b>William S. Moore</b></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4/27/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP BAYLAY, JR., ROBERT 2020 GULF SHORE BLVD N #209 NAPLES, FL 34102</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HATHAWAY, PETER L. 2020 GULF SHORE BLVD., NO NAPLES, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHELLEY, HENRY 2020 GULF SHORE BLVD. N., #101 NAPLES, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT NASH, RICHARD 2020 GULF SHORE BLVD N #205 NAPLES, FL 34102</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP ROBERTS, BROOKE 2020 GULF SHORE BLVD N #204 NAPLES, FL 34102</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS KENNEDY, MARY LOU 2020 GULF SHORE BLVD N #211 NAPLES, FL 34102</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS MIHALIAK KATHRYN 2020 GULF SHORE BLVD. N # 107 NAPLES, FL 34102</b>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><b>William S. Moore</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Registered Agent <b>4/27/06</b> <b>239-435-0424</b> <small>Date Daytime Phone #</small>	