

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 16 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 719677 (7)

1. Corporation Name

PARK SHORE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~849 7TH AVE. S. #204~~  
~~P.O. BOX 1435~~  
NAPLES FL 33939-8435

~~849 7TH AVE. S. #204~~  
P.O. BOX 1435  
NAPLES FL 33939-8435 } OK

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>11/10/1970</b>   | 3a. Date of Last Report<br><b>01/31/1994</b>           |
| 4. FEI Number<br><b>59-2023436</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | \$5.00 May Be Added to Fees                            |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status<br><input checked="" type="checkbox"/>   | \$68.75 Supplemental Fee Not Required                  |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

2. Principal Place of Business

2a. Mailing Address

21 **765 Seagate Drive Naples FL 33940**

26 **P.O. Box 1435 Naples FL 33939-8435**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Naples FL**

28 **Naples FL**

24 Zip

25 Country

29 Zip

30 Country

**33940 U.S.A.**

**33939-8435 U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAC'KIE, PAMELA S  
C/O CUMMINGS & LOCKWOOD  
3001 TAMiami TRAIL NO.  
NAPLES FL 33940

B1 Name **William R. MacIvaine**  
B2 Street Address (P.O. Box Number is Not Acceptable)  
**765 Seagate Dr.**  
B3  
B4 City **Naples FL** B5 Zip Code **33940**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent (see title # 11000000)

(NOTE: Registered Agent signature required when reinstating)

**William R. MacIvaine**  
**3/5/95**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br><del>ANDERSON, ROBERT</del><br>788-PARK SHORE DR. D-32<br>NAPLES FL   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>MESSER, JOHN G.<br>205-PARK SHORE DR. #442<br>NAPLES FL               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BERNIER, RAYMOND P<br>477 DEVIL'S LANE<br>NAPLES FL                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>EARLE, JANE A<br>4951 GULF SHORE BLVD., N., #1803<br>NAPLES FL         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br><del>HAGEN, JOHN W</del><br>4100 BELAIR LANE, #202<br>NAPLES FL       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>SD</del><br>-ABERNATHY, KENNETH L.<br>4200 BELAIR LN #108<br>NAPLES FL |

|  |  |
|--|--|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>PD<br>Kenneth L Abernathy<br>4200 Belaire Ln. # 108<br>Naples, FL 33940                      |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>D<br>Dol E. Sawyer II<br>96 Proct & Jacobs<br>4001 Tamiami Trail N. # 220<br>Naples FL 33940 |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>TD<br>William R. MacIvaine<br>522 Pine Grove Ln<br>Naples FL 33940                           |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>D<br>Eugene M. Meldon<br>4981 Gulf Shore Blvd N. #1702<br>Naples FL 33940                    |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **John W. Hagen Asst. Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-5-95** 813-263-2343  
Date Office Phone #