

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 719677 (7)

1. Corporation Name

PARK SHORE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

765 SEAGATE DRIVE
~~P.O. BOX 1435~~
NAPLES FL 33940
US

P.O. BOX 1435
NAPLES FL 33939-8435
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		11/10/1970		03/16/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2023436		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution			
24		25		29		30	
Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACILVAINE, WILLIAM R.
765 SEAGATE DR.
~~3001 TAMiami TRAIL NO.~~
NAPLES FL 33940

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DIRECTOR
NAME	MELDON, EUGENE M.	1.2 NAME	William G. Wilson
STREET ADDRESS	4901 GULF SHORE BLVD N. #1702	1.3 STREET ADDRESS	316 Neptune's Right
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	D	2.1 TITLE	DIRECTOR
NAME	BAUGHER, ROI E. II	2.2 NAME	Bernard F. Rygh
STREET ADDRESS	C/O 4001 TAMiami TRAIL N. #220	2.3 STREET ADDRESS	4511 Crayton Rd.
CITY-ST-ZIP	NAPLES FL 33940	2.4 CITY-ST-ZIP	Naples FL 33940
TITLE	VD	3.1 TITLE	DIRECTOR
NAME	BERNIER, RAYMOND P	3.2 NAME	Robert Rust
STREET ADDRESS	477 DEVIL'S LANE	3.3 STREET ADDRESS	458 Devil's Lane
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples FL 33940
TITLE	D	4.1 TITLE	SECRETARY
NAME	EARLE, JANE A	4.2 NAME	Tan Garner
STREET ADDRESS	4951 GULF SHORE BLVD., N., #1803	4.3 STREET ADDRESS	360 Tirates Right
CITY-ST-ZIP	NAPLES FL 33940	4.4 CITY-ST-ZIP	Naples FL 33940
TITLE	TD	5.1 TITLE	DIRECTOR
NAME	MACILVAINE, WILLIAM R.	5.2 NAME	Helen M. Murphy
STREET ADDRESS	522 PINE GROVE LN.	5.3 STREET ADDRESS	4500 Gulf Shore Blvd N. #14
CITY-ST-ZIP	NAPLES FL 33940	5.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	PD	6.1 TITLE	DIRECTOR
NAME	ABERNATHY, KENNETH L.	6.2 NAME	Judy Pendergast
STREET ADDRESS	4200 BELAIR LN #108	6.3 STREET ADDRESS	502 Whispering Pine Ln.
CITY-ST-ZIP	NAPLES FL 33940	6.4 CITY-ST-ZIP	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)