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FILED

Feb 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**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

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

Mailing Address

**P.O. BOX 1435  
NAPLES FL 34106-1435  
US**

3. Date Incorporated or Qualified

**11/10/1970**

3a. Date of Last Report

**06/21/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.**26** Suite, Apt. #, etc.**22** City & State**27** City & State**23** Zip

Country

**28** Zip

Country

**24****25****29****30**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILSON, WILLIAM G</b>	
STREET ADDRESS	<b>318 NEPTUNE BRIGHT</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RYGH, BERNARD F</b>	
STREET ADDRESS	<b>4511 CRAYTON RD</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RUST, ROBERT</b>	
STREET ADDRESS	<b>458 DEVIL'S LANE</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GARNER, JAN</b>	
STREET ADDRESS	<b>360 PIRATES BRIGHT</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MURPHY, HELEN M</b>	
STREET ADDRESS	<b>4500 GULF SHORE BLVD N, 144</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PENDERGAST, JUDY</b>	
STREET ADDRESS	<b>502 WHISPERING PINE LANE</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MACILVAINE, WILLIAM R.</b>	
1.3 STREET ADDRESS	<b>532 PINE GROVE LANE</b>	
1.4 CITY - ST - ZIP	<b>NAPLES, FL</b>	

2.1 TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE	<b>DS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>BAUGHER, II ROE E.</b>	
4.3 STREET ADDRESS	<b>4551 CRAYTON ROAD</b>	
4.4 CITY - ST - ZIP	<b>NAPLES, FL</b>	

5.1 TITLE	<b>DVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>EARLE, JANE A.</b>	
5.3 STREET ADDRESS	<b>4951 GULF SHORE BLVD. N. # 1803</b>	
5.4 CITY - ST - ZIP	<b>NAPLES, FL</b>	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

2/7/97

941-261-1010

CR2E037 (9/96)