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Feb 14 1997 8:00am
Secretary of State

NONPROFIT 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

Mailing Address

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

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

4. FEI Number
59-2023436

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 DELETE
NAME WILSON, WILLIAM G
STREET ADDRESS 318 NEPTUNE BRIGHT
CITY - ST - ZIP NAPLES FL

1.1 TITLE DP Change Addition
1.2 NAME MACILVAINE, WILLIAM R.
1.3 STREET ADDRESS 522 PINE GROVE LANE
1.4 CITY - ST - ZIP NAPLES, FL

TITLE D DELETE
NAME RYGH, BERNARD F
STREET ADDRESS 4511 CRAYTON RD
CITY - ST - ZIP NAPLES FL

2.1 TITLE DVP Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D DELETE
NAME RUST, ROBERT
STREET ADDRESS 458 DEVIL'S LANE
CITY - ST - ZIP NAPLES FL

3.1 TITLE DT Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE S DELETE
NAME GARNER, JAN
STREET ADDRESS 360 PIRATES BRIGHT
CITY - ST - ZIP NAPLES FL

4.1 TITLE DS Change Addition
4.2 NAME BAUGHER, II ROBE.
4.3 STREET ADDRESS 4551 CRAYTON ROAD
4.4 CITY - ST - ZIP NAPLES, FL

TITLE D DELETE
NAME MURPHY, HELEN M
STREET ADDRESS 4500 GULF SHORE BLVD N, 144
CITY - ST - ZIP NAPLES FL

5.1 TITLE DVP Change Addition
5.2 NAME EARLE, JANE A.
5.3 STREET ADDRESS 4951 GULF SHORE BLVD. N. # 1803
5.4 CITY - ST - ZIP NAPLES, FL

TITLE D DELETE
NAME PENDERGAST, JUDY
STREET ADDRESS 502 WHISPERING PINE LANE
CITY - ST - ZIP NAPLES FL

6.1 TITLE Change 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] Robert Rust

2/7/97

941-261-1010

CR2E037 (9/96)