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May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719677 (7)

1. Corporation Name
PARK SHORE ASSOCIATION, INC.



Principal Place of Business 785 SEAGATE DRIVE P.O. BOX 1435 NAPLES FL 33940 US	Mailing Address P.O. BOX 1435 NAPLES FL 33909-8435 US
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3. Date Incorporated or Qualified 11/10/1970	4. FEI Number 59-2023436	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MACILVAINE, WILLIAM R.
785 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DP	<input type="checkbox"/> DELETE
NAME MACILVAINE, WILLIAM R	
STREET ADDRESS 522 PINE GROVE LN	
CITY-ST-ZIP NAPLES FL	
TITLE DVP	<input type="checkbox"/> DELETE
NAME RYAN, BERNARD F	
STREET ADDRESS 4511 CRAYTON RD	
CITY-ST-ZIP NAPLES FL	
TITLE DT	<input type="checkbox"/> DELETE
NAME RUST, ROBERT	
STREET ADDRESS 458 DEVIL'S LANE	
CITY-ST-ZIP NAPLES FL	
TITLE DS	<input type="checkbox"/> DELETE
NAME BAUGHER, ROE E II	
STREET ADDRESS 4551 CRAYTON RD	
CITY-ST-ZIP NAPLES FL	
TITLE DVP	<input type="checkbox"/> DELETE
NAME EARLE, JANE A	
STREET ADDRESS 4951 GULF SHORE BLVD N #1803	
CITY-ST-ZIP NAPLES FL	
TITLE DP	<input type="checkbox"/> DELETE
NAME PENDERGAST, JUDY	
STREET ADDRESS 502 WHISPERING PINE LANE	
CITY-ST-ZIP NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James H. Brennan
2.3 STREET ADDRESS	4951 Gulfshore Blvd N, #1501
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 _____ DATE **4/30/98**

CF2E037 (10/97)