

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90117 022 ****61.25

DOCUMENT # 719677

1. Entity Name

PARK SHORE ASSOCIATION, INC.

Principal Place of Business 765 SEAGATE DRIVE 4040 Gulf Shore Blvd. N. P.O. BOX 1435 NAPLES FL 34106 34106 US	Mailing Address P.O. BOX 1435 NAPLES FLA 34106-1435 US
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806329



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2023436

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACILVAINE, WILLIAM R.
765 SEAGATE DR. 522 Pine Grove Lane
3001 TAMiami TRAIL NO.
NAPLES FL 34108 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEI IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<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	BRENNAN, J H	
STREET ADDRESS	4951 GULFSHORE BLVD N, 1801	
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	DP	<input type="checkbox"/> Delete
NAME	PENDERGAST, JUDY	
STREET ADDRESS	502 WHISPERING PINE LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #