


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 719677						FILED 05 JUL 13 PM 12:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name PARK SHORE ASSOCIATION, INC.				Principal Place of Business 4040 GULF SHORE BLVD N P.O. BOX 1435 NAPLES, FL 33940 US			
2. Principal Place of Business				Mailing Address P.O. BOX 1435 NAPLES, FL 33939-8435 US			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CRONIN, DENNIS P ESQ 4001 TAMiami TRAIL NORTH SUITE 250 NAPLES, FL 34103				Name <u>Maurice E. Shea</u>			
				Street Address (P.O. Box Number is Not Acceptable) <u>4001 Tamiami Trail North</u> <u>C/O Northern Trust</u>			
				City <u>Naples, FL</u> FL Zip Code <u>34103</u>			
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____				400057415474 07/13/05--01046--002 ***306.25			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRISKEY, DODIE 4326 CRAYTON RD NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Roxane Kronan Galati 525 Turtle Hatch Rd. Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CRONIN, DENNIS P 676 FOUNTAINHEAD WAY NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Dennis P. Cronin 676 Fountainhead way Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SNOWDEN, JAMES E 4451 GULF SHORE BLVD N 1705 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Cormac J. Giblin 770 Fountainhead Ln. Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHEA, MAURICE I E 727 NEAPOLITAN WAY NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Waffa F. Assaad 4041 Gulfshore Blvd. Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAUGHER, ROI E II 4551 CRAYTON RD NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Maurice E. Shea</u>				Date <u>6/6/05</u>		Daytime Phone # <u>(239) 213-6199</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							