2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 719677

1. Entity Name
PARK SHORE ASSOCIATION, INC.

FILED
05 JUL 13 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06062005 REIN-NP CR2E099 (6/04)

Principal Place of Business	Mailing Address
4040 GULF SHORE BLVD N P.O.BOX 1435 NAPLES, FL 33940 US	P.O. BOX 1435 NAPLES, FL 33939-8435 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2023436 — Applied For / Not Applicable

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
CRONIN, DENNIS P ESQ 4001 TAMIAMI TRAIL NORTH SUITE 250 NAPLES, FL 34103	Name: Maurice E. Shea Street Address (P.O. Box Number is Not Acceptable): 4001 Tamiami Trail North c/o Northern Trust City: Naples, FL FL Zip Code: 34103

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.

400057415474
07/13/05--01046--002 **306.25

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	☒ Delete	TITLE	D/P	☐ Change ☒ Addition
NAME	BRISKEY, DODIE		NAME	Roxane Kronon Galatti	
STREET ADDRESS	4326 CRAYTON RD		STREET ADDRESS	525 Turtle Hatch Rd.	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	Naples, FL 34103	
TITLE	DVP	☐ Delete	TITLE	D/S	☒ Change ☐ Addition
NAME	CRONIN, DENNIS P		NAME	Dennis P. Cronin	
STREET ADDRESS	676 FOUNTAINHEAD WAY		STREET ADDRESS	676 Fountainhead Way	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	Naples, FL 34103	
TITLE	DVP	☒ Delete	TITLE	D/VP	☐ Change ☒ Addition
NAME	SNOWDEN, JAMES E		NAME	Cormac J. Giblin	
STREET ADDRESS	4451 GULF SHORE BLVD N 1705		STREET ADDRESS	770 Fountainhead Ln.	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	Naples, FL 34103	
TITLE	DT	☐ Delete	TITLE	D/VP	☐ Change ☒ Addition
NAME	SHEA, MAURICEI E		NAME	Waffa F. Assaad	
STREET ADDRESS	727 NEAPOLITAN WAY		STREET ADDRESS	4041 Gulfshore Blvd.	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	Naples, FL 34103	
TITLE	SD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	BAUGHER, ROI E II		NAME		
STREET ADDRESS	4551 CRAYTON RD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ Maurice E. Shea — 6/6/05 — (239) 213-6199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #