2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739515

City-St-Zip:

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

NAPLES, FL 34103

PFLIEGER, THOMAS

NAPLES, FL 34103

NAPLES, FL 34103

DELANEY, JAMES

NAPLES, FL 34103

BRENTILINGER, BRUCE

() Delete

4301 GULF SHORE BLVD #1702

() Delete

() Delete

4301 GULF SHORE BLVD #603

4301 GULF SHORE BL N #304

Entity Name: PARK PLAZA, INC.

Current Principal Place of Business:

FILED Mar 11, 2009 Secretary of State

New Principal Place of Business:

City-St-Zip: NAPLES, FL 34103

() Change () Addition

() Change () Addition

() Change () Addition

4301 GULF SHORE BLVD. N. NAPLES, FL 34103 US						
Current Mailing Address:			New Mailing Address:			
4301 GULF SHORE BLVD. N. NAPLES, FL 34103 US						
FEI Number:	59-1749640	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
GREGORY MARLER BECKER & POLIAKOFF P.A. 999 VANDERBILT BEACH RD STE #501 NAPLES, FL 34108 US						
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:						
	Electron	ic Signature of Registered Ager	nt		Date	
OFFICER	S AND DIREC	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MADDEN, JOHN	RE BLVD #1904	Title: Name: Address: City-St-Zip:		FSHORE BLVD #PH1	
Title: Name: Address: City-St-Zip:	S () BARON, SUZI 4301 GULF SHO NAPLES, FL 34		Title: Name: Address: City-St-Zip:	S BARTON, S 4301 GULF NAPLES, F	SHORE BLVD #604	
Title: Name: Address:	D () GALLAGER, JO 4301 GULE SHO		Title: Name:	VP CLARKE, J	(X) Change () Addition IACK 5 SHORE BLVD #504	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: FRED GOLLASH P 03/11/2009