

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90009 010 ****61.25

DOCUMENT # 745672

1. Entity Name

PARK PLACE OF NAPLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**4126 BELAIR LANE
NAPLES FL 34103
US**

Mailing Address

**4126 BELAIR LANE
NAPLES FL 34103
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number **59-1977502**

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

**MOORE, WILLIAM CAM
C/O MELDON CONSULTANTS
4949 TAMiami TrL N STE 201
NAPLES FL 34103-3017**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | PATRICIA J. DONOVAN | |
| STREET ADDRESS | 4126 BELAIR LANE, #B-2 | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | SCHROLL, BETTY | |
| STREET ADDRESS | 4126 BELAIR | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | DIMATTIES, ALFRED | |
| STREET ADDRESS | 4126 BELAIR LN A6 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | GIFFORD, LAWRENCE | |
| STREET ADDRESS | 4126 BELAIR LANE B-8 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ANDERSON, BETTY | |
| STREET ADDRESS | 4126 BELAIR LANE C-1 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | DS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Hamilton, Betty | |
| STREET ADDRESS | 4126 Belair Lane, # C-4 | |
| CITY-ST-ZIP | Naples, FL 34103 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 4126 Belair Lane, # B-10 | |
| CITY-ST-ZIP | Naples, FL 34103 | |
| 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 exemptions contained in Section 119, 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: *William S. Moore Registered Agent*

3/19/08 239-435-0424