

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745672

FILED
Apr 16, 2011
Secretary of State

Entity Name: PARK PLACE OF NAPLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4126 BELAIR LANE
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

C/O MELDON CONSULTANTS
4949 TAMiami TRL N STE 201
NAPLES, FL 341033017 US

New Mailing Address:

FEI Number: 59-1977502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, WILLIAM CAM
C/O MELDON CONSULTANTS
4949 TAMiami TRL N STE 201
NAPLES, FL 341033017 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP
Name: EDWARDS, TERESA A
Address: 4126 BELAIR LANE, APT B2
City-St-Zip: NAPLES, FL 341033144

Title: DT
Name: GARRETSON, MARY A
Address: 4126 BELAIR LANE, APT C5
City-St-Zip: NAPLES, FL 341033189

Title: DP
Name: GIFFORD, LAWRENCE
Address: 4126 BELAIR LANE, APT B8
City-St-Zip: NAPLES, FL 341033174

Title: D
Name: BOMBARA, JAMES R
Address: 4126 BELAIR LANE, APT B7
City-St-Zip: NAPLES, FL 341033174

Title: DS
Name: HAMILTON, BETTY
Address: 4126 BELAIR LANE, APT C4
City-St-Zip: NAPLES, FL 341033189

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE GIFFORD

DP

04/16/2011

Electronic Signature of Signing Officer or Director

Date