

ANNUAL REPORT  
1995

Florida Department of  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

95 MAY -1 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 756021 (2)

1. Corporation Name

PARK PLACE ASSOCIATION OF NAPLES, INC.

Principal Place of Business

Mailing Address

730 SOUTHERN PINES DRIVE  
NAPLES FL 33940  
US

730 SOUTHERN PINES DRIVE  
NAPLES FL 33940  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1981

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2186422

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☒

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, RICHARD C  
730 SOUTHERN PINES DRIVE  
NAPLES FL 33940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME JOHNSON, RICHARD C  
STREET ADDRESS 730 SOUTHERN PINES DRIVE  
CITY-ST-ZIP NAPLES, FL 00000

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME PICKWORTH, DONALD  
STREET ADDRESS 725 HIGH PINES DR  
CITY-ST-ZIP NAPLES, FL 00000

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME REIDY, ROGER J  
STREET ADDRESS 770 SOUTHERN PINES DR  
CITY-ST-ZIP NAPLES, FL 00000

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME CHAMBERS, JUDITH  
STREET ADDRESS 750 SOUTHERN PINES DR  
CITY-ST-ZIP NAPLES FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME RAMSEY, MARY ANNE  
STREET ADDRESS 775 SOUTHERN PINES DR  
CITY-ST-ZIP NAPLES FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME BRAYTON, ROSWELL  
STREET ADDRESS 5050 W. BLVD.  
CITY-ST-ZIP NAPLES FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard Johnson, Richard C. Johnson

4/26/95

(813) 263-0238

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

(Date)

City/State/Zip

FILE NOW: FILING FEE AFTER MAY 1 IS \$1000

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF  
REVENUE  
DIVISION OF CORPORATIONS

DOCUMENT # 70831

201 HIL ALE CARRIE INCORPORATED

95 MAY - 1 AM 11:33

APPROVED  
AND  
FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 02/12/1981 3a. Date of Last Report 07/20/1994

4. FEI Number 59-2090217 4a. Not Applicable

5. Certificate of Status Desired ☐ 5b. \$5.00 Additional Fee Required

6. Election Campaign Financing ☐ \$68.75 Supplemental Fee Not Required

7. Nonprofit with IRS 501(c)(3) ☒ 7a. This corporation has liability for manager's tax under S. 194.032. ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office

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

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

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