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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756021 (2)
1. Corporation Name
PARK PLACE ASSOCIATION OF NAPLES, INC.



Principal Place of Business 730 SOUTHERN PINES DRIVE NAPLES FL 33940 US	Mailing Address 730 SOUTHERN PINES DRIVE NAPLES FL 34103-2828 US
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3. Date Incorporated or Qualified 01/22/1981	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number 59-2196422	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**JOHNSON, RICHARD C
730 SOUTHERN PINES DRIVE
NAPLES FL 33940**

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, RICHARD C	
STREET ADDRESS	730 SOUTHERN PINES DRIVE	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PICKWORTH, DONALD	
STREET ADDRESS	725 HIGH PINES DR	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FULLER, MICHAEL	
STREET ADDRESS	5000 WEST BLVD.	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CHAMBERS, JUDITH	
STREET ADDRESS	750 SOUTHERN PINES DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RAMSEY, MARY ANNE	
STREET ADDRESS	775 SOUTHERN PINES DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TANNER, MICHELLE	
STREET ADDRESS	5090 WEST BLVD.	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.B STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.B STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.B STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.B STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.B STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.B STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 _____

CFR2E037 (9/96)