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FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 33940 US
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3. Date Incorporated or Qualified

01/22/1981

4. FEI Number

59-2196422

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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 617.0502 and 617.1506, 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

Richard C. Johnson

(NOTE: Registered Agent signature required when reinstating)

4/30/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	D	<input type="checkbox"/> DELETE
NAME	TANNER, MICHELLE	
STREET ADDRESS	5000 WEST BLVD.	
CITY-ST-ZIP	NAPLES FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

4/30/98

Daytime Phone # 0061448

CR2E037 (10/97)