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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05287

1. Corporation Name

PARK SHORE LANDINGS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

**405 PARK SHORE DRIVE
NAPLES FL 33940-2698**

Mailing Address

**405 PARK SHORE DRIVE
NAPLES FL 33940-2698**

3 9 1 5 3 4 - 9 0 1 9 3 - 9



2. Principal Place of Business

21 405 PARK SHORE DRIVE

Suite, Apt. #, etc.

**22 City & State
NAPLES, FL**

**23 Zip
34103**

Country

2a. Mailing Address

26 405 PARK SHORE DRIVE

Suite, Apt. #, etc.

**27 City & State
NAPLES, FL**

Zip

29 34103

Country

30

3. Date Incorporated or Qualified

09/21/1984

4. FEI Number

59-2458258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing ☐

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

**SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DRIVE #206
NAPLES FL 34103**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE
NAME **MANION, PETER**
STREET ADDRESS **305 PARK SHORE DR #232**
CITY-ST-ZIP **NAPLES FL**

TITLE **DVP** ☐ DELETE
NAME **STEWART, JOSEPH**
STREET ADDRESS **255 PARK SHORE DR #311**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **DT** ☐ DELETE
NAME **UPCHURCH, DORIS**
STREET ADDRESS **305 PARK SHORE DR #213**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **DS** ☐ DELETE
NAME **CAMARIGG, JEFF**
STREET ADDRESS **1044 CASTELLO DR., #206**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☒ DELETE
NAME **BALLARD, TED D**
STREET ADDRESS **255 PARKSHORE DR., #312**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☒ DELETE
NAME **MARX, ARTHUR**
STREET ADDRESS **255 PARK SHORE DR #310**
CITY-ST-ZIP **NAPLES FL 34103**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☐ Change ☐ Addition
1.2 NAME **DR. TED BALLARD**
1.3 STREET ADDRESS **255 PARK SHORE DR #312**
1.4 CITY-ST-ZIP **NAPLES, FL 34103**

2.1 TITLE **DVP** ☐ Change ☐ Addition
2.2 NAME **JOSEPH C. STEWART**
2.3 STREET ADDRESS **255 PARK SHORE DR #311**
2.4 CITY-ST-ZIP **NAPLES, FL 34103**

3.1 TITLE **DT** ☐ Change ☐ Addition
3.2 NAME **DORIS UPCHURCH**
3.3 STREET ADDRESS **305 PARK SHORE DR #213**
3.4 CITY-ST-ZIP **NAPLES, FL 34103**

4.1 TITLE **DS** ☐ Change ☐ Addition
4.2 NAME **JEFF CAMARIGG**
4.3 STREET ADDRESS **1044 CASTELLO DR. #206**
4.4 CITY-ST-ZIP **NAPLES, FL 34103**

5.1 TITLE **D** ☐ Change ☐ Addition
5.2 NAME **SAM DOLFI**
5.3 STREET ADDRESS **255 PARK SHORE DR #315**
5.4 CITY-ST-ZIP **NAPLES, FL 34103**

6.1 TITLE **D** ☐ Change ☐ Addition
6.2 NAME **TIM ELDREDGE**
6.3 STREET ADDRESS **305 PARK SHORE DR #211**
6.4 CITY-ST-ZIP **NAPLES, FL 34103**

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 is the same legal signature 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, with all other like empowered.

SIGNATURE:

SIGNATURE: R. Ballard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/99

Daytime Phone #

CR25037 (11/98)