

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90124 040 ****61.25

DOCUMENT # N05287 1. Entity Name PARK SHORE LANDINGS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 405 PARK SHORE DRIVE NAPLES, FL 34103			Mailing Address C/O SOUTHWEST PROPERTY MGMT. 1044 CASTELLO DRIVE #206 NAPLES, FL 34103		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		30051511 03242005 Chg-NP CR2E037 (10/03)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2458258				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DRIVE #206 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. DATE _____ (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BADGLEY, BILL 355 PARK SHORE DRIVE # 115 NAPLES, FL 34103 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZANEC, TRACY 355 PARK SHORE Drive #131 NAPLES, FL 34103 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LICATA, JEROME 205 PARK SHORE DRIVE # 433 NAPLES, FL 34103 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILLY, EDWARD 355 PARK SHORE DRIVE #133 NAPLES, FL 34103 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BUSSE, ROBERT 205 PARK SHORE DIRVE, #415 NAPLES, FL 34103 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUSSE ROBERT 205 PARK SHORE DRIVE #415 NAPLES, FL 34103 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KING, SANDRA 225 PARK SHORE DR. #333 NAPLES, FL 34103 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AIKEN, JOHN 305 PARK SHORE DR. #232 NAPLES, FL 34103 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AIKEN, JOHN 305 PARK SHORE DRIVE #232 NAPLES, FL 34103 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOOPERMAN, ALAN 355 PARK SHORE DR. #333 NAPLES, FL 34103 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOOPERMAN, ALAN 355 PARK SHORE DRIVE #114 NAPLES, FL 34103 ☒ Change ☐ Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Sandra King</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5 April 2005 Date 649-4430 Daytime Phone #					