

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05287

FILED
Apr 27, 2009
Secretary of State

Entity Name: PARK SHORE LANDINGS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O PLATINUM PROPERTY MANAGEMNET
1016 COLLIER CENTER WAY, 102
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

C/O PLATINUM PROPERTY MANAGEMNET
1016 COLLIER CENTER WAY, 102
NAPLES, FL 34110

New Mailing Address:

FEI Number: 59-2458258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLATINUM PROPERTY MANAGEMENT
1016 COLLIER CENTER WAY
SUITE 102
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: RONTANINI, GENE
Address: 205 PARK SHORE DRIVE #412
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: VAGLEY, BOB
Address: 205 PARK SHORE DRIVE, #432
City-St-Zip: NAPLES, FL 34103

Title: P () Delete
Name: BUSSE, ROBERT
Address: 205 PARK SHORE DR #415
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: KOOPERMAN, ALAN
Address: 355 PARK SHORE DRIVE, #114
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: AIKEN, JOHN
Address: 305 PARK SHORE DR #232
City-St-Zip: NAPLES, FL 34103

Title: S () Delete
Name: KING, SANDRA
Address: 255 PARK SHORE DRIVE, #333
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: AIKEN, JOHN
Address: 305 PARKS HSORE DR. #232
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WELCH, BILL
Address: 305 PARK SHORE DR. #214
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH BONACCI

MGR

04/27/2009

Electronic Signature of Signing Officer or Director

Date