2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N08000006936

Entity Name: PARK SHORE ASSOCIATION, INC

Current Principal Place of Business:

4040 GULF SHORE BLVD NORTH
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1435
NAPLES, FL 34106

New Mailing Address:

FEI Number: 59-2023436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEDDY, SANDRA F
635 PARKVIEW LANE
NAPLES, FL 34103 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: PRES ( ) Delete
Name: GIBLIN, CORMAC J
Address: 770 FOUNTAINHEAD LANE
City-St-Zip: NAPLES, FL 34103

Title: VP ( ) Delete
Name: FEIGHT, DAVID
Address: 4255 GULF SHORE BLVD NORTH, APT 205
City-St-Zip: NAPLES, FL 34103

Title: TREA ( ) Delete
Name: LEDDY, SANDRA F
Address: 635 PARKVIEW LANE
City-St-Zip: NAPLES, FL 34103

Title: SEC ( ) Delete
Name: KRAUSE, ANDREW J
Address: 583 PARK SHORE DRIVE
City-St-Zip: NAPLES, FL 34103

Title: EXDI ( ) Delete
Name: MCLEOD, MICHELLE L
Address: 728 OLD TRAIL DRIVE
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: DAVID, FEIGHT
Address: 4255 GULF SHORE BLVD NORTH, APT 205
City-St-Zip: NAPLES, FL 34103

Title: VP (X) Change ( ) Addition
Name: SIEDEL, JAMES
Address: 514 NEAPOLITAN LANE
City-St-Zip: NAPLES, FL 34103

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

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

Title: VP (X) Change ( ) Addition
Name: GARNER, FRED
Address: 360 PIRATES BIGHT
City-St-Zip: NAPLES, FL 34103

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: SANDRA F. LEDDY TREA 03/04/2009

Electronic Signature of Signing Officer or Director — Date