

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006936

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**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  
**Name:** SEIGEL, ELLEN  
**Address:** 4790 WHISPERING PINE WAY  
**City-St-Zip:** NAPLES, FL 34103

**Title:** VP  
**Name:** BROWN, DENNIS  
**Address:** 352 PIRATES BIGHT  
**City-St-Zip:** NAPLES, FL 34103

**Title:** TREA  
**Name:** FEIGHT, DAVID J  
**Address:** 4255 GULF SHORE BLVD. NORTH, #205  
**City-St-Zip:** NAPLES, FL 34103

**Title:** SEC  
**Name:** LEDDY, SANDRA F  
**Address:** 635 PARKVIEW LANE  
**City-St-Zip:** NAPLES, FL 34103

**Title:** 2 VP  
**Name:** CHAMPION, KAREN  
**Address:** 4217 CRAYTON RD  
**City-St-Zip:** NAPLES, FL 34103

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID FEIGHT

TREA

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date