


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90396 002 ****61.25

DOCUMENT # N36569 1. Entity Name DELA PARK PLACE CONDOMINIUM, INC.					
Principal Place of Business 1020 S. COLLIER BLVD. MARCO ISLAND, FL 34145 US			Mailing Address PO BOX 752 MARCO ISLAND, FL 34145 US		
2. Principal Place of Business <i>267 N. Collier Blvd</i>			3. Mailing Address 		
Suite, Apt. #, etc. <i>Suite 201</i>			Suite, Apt. #, etc.		
City & State <i>Marco Island, FL</i>			City & State		
Zip <i>34145</i>		Country <i>US</i>		Zip	
Country <i>US</i>		Zip		Country	
4. FEI Number 65-0195514				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VISSER, DAVID 1020 S COLLIER BLVD #401 MARCO ISLAND, FL 34145			7. Name and Address of New Registered Agent Name <i>PPM, LLC</i> Street Address (P.O. Box Number is Not Acceptable) <i>267 N. Collier Blvd.</i> <i>Suite 201</i> City <i>Marco Island</i> FL Zip Code <i>34145</i>		
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 <i>Barbara Beck</i> <i>Apr. 17, 06</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VP MANN, ED 1020 S COLLIER BLVD NAPLES, FL 34145		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President</i> <i>Ed Mann</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RECKEL, BILL 1020 S COLLIER BLVD #403 MARCO ISLAND, FL 34145		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Vice president</i> <i>Bill Reckel</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VISSER, DAVID 1020 S. COLLIER BLVD. #401 MARCO ISLAND, FL 34145		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TUTTLE, LARRY 629 S. LANE BLISSFIELD, MI 49228		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SMALLWOOD, ROBERT 1020 S COLLIER BLVD #404 MARCO ISLAND, FL 34145		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Ed Mann</i> <i>4-17-06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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