

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90083 033 ****61.25

DOCUMENT # N36569

1. Entity Name

DELA PARK PLACE CONDOMINIUM, INC.



Principal Place of Business

267 N. COLLIER BLVD.
MARCO ISLAND FL 34145
US

Mailing Address

PO BOX 752
MARCO ISLAND FL 34145
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc. -

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0195514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PPM. LLC
267 N. COLLIER BLVD
#201
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

34145

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE P ☐ Delete
NAME MANN, ED
STREET ADDRESS 1020 S. COLLIER BLVD
CITY-STATE-ZIP NAPLES FL 34145

TITLE VP ☐ Delete
NAME RECKEL, BILL
STREET ADDRESS 1020 S COLLIER BLVD #403
CITY-STATE-ZIP MARCO ISLAND FL 34145

TITLE P ☒ Delete
NAME VISSER, DAVID
STREET ADDRESS 1020 S. COLLIER BLVD. #401
CITY-STATE-ZIP MARCO ISLAND FL 34145

TITLE S ☐ Delete
NAME TUTTLE, LARRY
STREET ADDRESS 629 S. LANE
CITY-STATE-ZIP BLISSFIELD MI 49228

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME VP
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE pmo. Eileen Younglove ☐ Change ☒ Addition
NAME 1020 S Collier Blvd, 504
STREET ADDRESS Marco Isl. FL
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Eileen M. Younglove President

1/29/07 239-642-9110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #