

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001407

FILED  
Jul 13, 2008  
Secretary of State

**Entity Name:** PARK CENTRAL CONDOMINIUM ASSOCIATION OF NAPLES, INC.

**Current Principal Place of Business:**

999 BRIARWOOD BLVD.  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

999 BRIARWOOD BLVD.  
NAPLES, FL 34104 US

**New Mailing Address:**

**FEI Number:** 59-3555615 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COLLIER ASSOCIATION MANAGEMENT  
999 BRIARWOOD BLVD.  
NAPLES, FL 34104 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: VPT ( ) Delete  
Name: ALDERUCCIO, MARK  
Address: 5425 PARK CENTRAL CT  
City-St-Zip: NAPLES, FL 34109

Title: PD ( ) Delete  
Name: MEUERS, LAWRENCE  
Address: 5395 PARK CENTRAL CT  
City-St-Zip: NAPLES, FL 34109

Title: S ( ) Delete  
Name: GATES, TODD  
Address: 12810 TAMiami TRAIL NORTH  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S (X) Change ( ) Addition  
Name: MURRELL, ROBERT  
Address: 5405 PARK CENTRAL CT  
City-St-Zip: NAPLES, FL 34109

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: KEITH TOMPKINS

PM

07/13/2008

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

\_\_\_\_\_  
Date