

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004118 (6)**

1. Corporation Name

ST. PIERRE AT WATERPARK PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6825 GRENADIER BLVD.
~~001 LAUREL OAK DRIVE, SUITE 040~~
NAPLES FL 33963
US

6825 GRENADIER BLVD.
~~001 LAUREL OAK DRIVE, SUITE 040~~
NAPLES FL 33963
US

3. Date Incorporated or Qualified
09/07/1993

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 **Shannon Enterprises**

2a. **Shannon Enterprises**

4. Federal Identification Number
65-0438869

Applied For
 Not Applicable

22 **2500 Tamiami Trail N. #205**
City & State

2a. **2500 Tamiami Trail N #205**
City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 **Naples, FL 33940**

2a. **Naples, FL 33940**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country

2a. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHANNON, JAMES A
SHANNON ENTERPRISES
2500 TAMIAMI TRAIL NORTH, SUITE 205
NAPLES FL 33940**

81 Name
**WILLIAM MAYTON
SHANNON ENTERPRISES**

82 Street Address (P.O. Box Number is Not Acceptable)
2500 TAMIAMI TRAIL N. #205

83

84 City Zip Code
NAPLES FL 33940

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-27-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PD RADLER, WARREN**
STREET ADDRESS ~~2122 N HUDSON AVE~~
CITY-ST-ZIP ~~CHICAGO IL~~

1.1 TITLE Change Addition
1.2 NAME **PD VOGEL, ELAINE**
1.3 STREET ADDRESS **6825 GRENADIER BLVD.#704**
1.4 CITY-ST-ZIP **NAPLES, FL 33963**

TITLE DELETE
NAME **SD VALERI, CYNTHIA**
STREET ADDRESS ~~372 OCEAN AVENUE~~
CITY-ST-ZIP ~~MARBLEHEAD MA~~

2.1 TITLE Change Addition
2.2 NAME **VPD CULLEN, RICHARD**
2.3 STREET ADDRESS **6825 GRENADIER BLVD. #203**
2.4 CITY-ST-ZIP **NAPLES, FL 33963**

TITLE DELETE
NAME **TD HAYES, JOHN A**
STREET ADDRESS ~~4001 N TAMIAMI TR, STE 350~~
CITY-ST-ZIP ~~NAPLES FL~~

3.1 TITLE Change Addition
3.2 NAME **TD EMMERICH, JOHN**
3.3 STREET ADDRESS **6825 GRENADIER BLVD.#1602**
3.4 CITY-ST-ZIP **NAPLES, FL 33963**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME **SD ROBY, KINLEY**
4.3 STREET ADDRESS **6825 GRENADIER BLVD.#1004**
4.4 CITY-ST-ZIP **NAPLES, FL 33963**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME **D SANG, DON**
5.3 STREET ADDRESS **6825 GRENADIER BLVD.#PH-3**
5.4 CITY-ST-ZIP **NAPLES, FL 33963**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-96
DATE

Daytime Phone #

CR2E037 (12/95)