

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **NA3600004118**
1. Corporation Name
St. Pierre at Waterpark Place Condominium Association, Inc.

Principal Place of Business: **6825 Grenadier Blvd. Naples, FL 34108**
Mailing Address: **6825 Grenadier Blvd. Naples, FL 34108**

2. Principal Place of Business: 21 Suite, Apt #, etc; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt #, etc; 27 City & State; 28 Zip; 29 Country; 30

3. Date Incorporated or Qualified: **09/07/1993**
3a. Date of Last Report: **03/13/1996**
4. FET Number: **65-0438869**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
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
81 Name: **Lauraine L. White**
82 Street Address (P.O. Box Number is Not Acceptable): **Financial Management Services**
83 **4933 Tamiami Trail N Suite #200**
84 City: **Naples** FL 85 Zip Code: **34103**

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: *Lauraine L. White* DATE: **3/26/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	Vogel, Elaine	
STREET ADDRESS	6825 Grenadier Blvd. #1704	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	Cullen, Richard	
STREET ADDRESS	6825 Grenadier Blvd. #203	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	Emmerich, John	
STREET ADDRESS	6825 Grenadier Blvd. #1602	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Roby, Kinley	
STREET ADDRESS	6825 Grenadier Blvd. #1103	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Sang, Don	
STREET ADDRESS	6825 Grenadier Blvd. #PH-3	
CITY-ST-ZIP	Naples, FL 34108	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Evans, Kenneth	
1.3 STREET ADDRESS	6825 Grenadier Blvd. #1105	
1.4 CITY-ST-ZIP	Naples, FL 34108	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Morgan, Richard	
3.3 STREET ADDRESS	6825 Grenadier Blvd. #1905	
3.4 CITY-ST-ZIP	Naples, FL 34108	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	500002133045	
5.4 CITY-ST-ZIP	-04/03/97--01075--050	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. 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: *Kenneth L Evans* **Kenneth L Evans** **3-26-97** **841598-5334**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (9/96)