


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004118 (6)
 1. Corporation Name
ST. PIERRE AT WATERPARK PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 6825 GRENADIER BLVD. NAPLES FL 34108 US	Mailing Address 6825 GRENADIER BLVD. NAPLES FL 34108 US
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3. Date Incorporated or Qualified 09/07/1993	
4. FEI Number 65-0438869	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
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9. Name and Address of Current Registered Agent
**WHITE, LAURINE L
 FINANCIAL MANAGEMENT SERVICES
 4933 TAMAMI TRAIL SUITE #200
 NAPLES FL 34103**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EVANS, KENNETH	
STREET ADDRESS	6825 GRENADIER BLVD. #1105	
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 type="checkbox"/> DELETE
NAME	MORGAN, RICHARD	
STREET ADDRESS	6825 GRENADIER BLVD. #1905	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KINLEY, ROBY	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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; 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: *X Richard D. Morgan* X *3/26/98* X *941-566-8890*

CR2E037 (10/97)