


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90143 049 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

**DOCUMENT # N93000004118**

1. Corporation Name  
**ST. PIERRE AT WATERPARK PLACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 6825 GRENADIER BLVD. NAPLES FL 34108 US	Mailing Address <del>6825 GRENADIER BLVD.</del> <del>NAPLES FL 34108</del> US
------------------------------------------------------------------------------	----------------------------------------------------------------------------------------



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 P.O. Box 7105 27 Suite, Apt. #, etc. 28 Naples, FL 29 34101 30 US	3. Date Incorporated or Qualified 09/07/1993 4. FEI Number 65-0438869 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
-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9. Name and Address of Current Registered Agent

~~WHITE, LAURAIN L~~  
~~FINANCIAL MANAGEMENT SERVICES~~  
~~4933 TAMiami TRAIL SUITE #200~~  
~~NAPLES FL 34103~~

10. Name and Address of New Registered Agent

81 Name **BEVERLY KUTER**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2079 J-C BLVD.**  
 83  
 84 City **NAPLES** FL 85 Zip Code **34109**

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 *Beverly Kuter* **BEVERLY KUTER** 4/15/99  
Signature, typed or printed on file of registered agent and title if applicable. (NOT E-Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<del>PD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>EVANS, KENNETH</del>	
STREET ADDRESS	<del>6825 GRENADIER BLVD. #1105</del>	
CITY-ST-ZIP	<del>NAPLES FL 34108</del>	
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	<del>SD</del>	<input type="checkbox"/> DELETE
NAME	<del>KINLEY, ROBY</del>	
STREET ADDRESS	<del>6825 GRENADIER BLVD. #1103</del>	
CITY-ST-ZIP	<del>NAPLES FL 34108</del>	
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 checked="" type="checkbox"/> Addition
1.2 NAME	<b>Lehnhaupt, Joseph</b>	
1.3 STREET ADDRESS	<b>6825 GRENADIER BLVD. #2003</b>	
1.4 CITY-ST-ZIP	<b>NAPLES, FL. 34108</b>	
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	<b>F.D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>S.D</b>	<input checked="" 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, with all other like empowered.

SIGNATURE: *Roby Kinley* **Roby Kinley, Pres.** 4/22/99 941/541-2040  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0064003

CR2E037 (11/98)