

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 19, 2004  
Secretary of State**

DOCUMENT# N93000004118

Entity Name: ST. PIERRE AT WATERPARK PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6825 GRENADIER BLVD.  
NAPLES, FL 34108 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 110339  
NAPLES, FL 34108 US

**New Mailing Address:**

FEI Number: 65-0438869      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KUETER, BEVERLY  
4306 ARNOLD AVE  
NAPLES, FL 34104

**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: D ( ) Delete  
Name: SCANLON, DAN  
Address: 6825 GRENADIER BLVD #PH4  
City-St-Zip: NAPLES, FL 34108

Title: DVP ( ) Delete  
Name: MACCHI, LENOR  
Address: 6825 GRENADIER BLVD #505  
City-St-Zip: NAPLES, FL US

Title: TD ( ) Delete  
Name: MORGAN, RICHARD  
Address: 6825 GRENADIER BLVD. #1905  
City-St-Zip: NAPLES, FL 34108 US

Title: PD ( ) Delete  
Name: KINLEY, ROBY  
Address: 6825 GRENADIER BLVD. #1103  
City-St-Zip: NAPLES, FL 34108 US

Title: SD ( ) Delete  
Name: SANG, DONALD  
Address: 6825 GRENADIER BLVD. #PH-3  
City-St-Zip: NAPLES, FL 34108 US

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KINLEY ROBY

DP

04/19/2004

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

\_\_\_\_\_  
Date