

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004118

FILED
Apr 07, 2007
Secretary of State

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

Current Principal Place of Business:

4306 ARNOLD AVENUE
NAPLES, FL 34104 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 US

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: DP () Delete
Name: MACCHI, LEONOR
Address: 6825 GRENADIER BLVD #505
City-St-Zip: NAPLES, FL 34108 US

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

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

Title: DS () 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: DT (X) Change () Addition
Name: COLLIGAN, JIM
Address: 6825 GRENADIER BLVD. #1904
City-St-Zip: NAPLES, FL 34108 US

Title: DVP (X) Change () Addition
Name: LIMPITLAW, JOHN
Address: 6825 GRENADIER BLVD. #1501
City-St-Zip: NAPLES, FL 34108 US

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 Chapter 119, 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: LEONOR MACCHI

DP

04/07/2007

Electronic Signature of Signing Officer or Director

Date