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FILED
May 14 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 # N93000004175 (6)

1. Corporation Name

WATERPARK PLACE VILLAGE ASSOCIATION, INC.

Principal Place of Business

801 LAUREL OAK DR
SUITE 640
NAPLES FL 33963

Mailing Address

801 LAUREL OAK DR
SUITE 640
NAPLES FL 34108-2707



3. Date Incorporated or Qualified
09/10/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 34108 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
65-0438867

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

WOODWARD, MARK J
801 LAUREL OAK DR.
SUITE 640
NAPLES FL 33963

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code
34108

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP ☐ DELETE
NAME DINARDO, ANTHONY
STREET ADDRESS 4001 TAMAIMI TRAIL N STE 350
CITY-ST-ZIP NAPLES FL 34103

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME HAYES, JOHN
STREET ADDRESS 4001 TAMAIMI TRAIL N STE 350
CITY-ST-ZIP NAPLES FL 34103

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD ☐ DELETE
NAME WOODWARD, MARK J
STREET ADDRESS 801 LAUREL OAK DR SUITE 640
CITY-ST-ZIP NAPLES FL 33963 34108

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE DIRECTOR ☐ Change ☒ Addition
4.2 NAME ELAINE VOGEL
4.3 STREET ADDRESS 6825 GRENADIER BLVD. #704
4.4 CITY-ST-ZIP NAPLES, FL 34108

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE DIRECTOR ☐ Change ☒ Addition
5.2 NAME RICHARD CULLEN
5.3 STREET ADDRESS 6825 GRENADIER BLVD #203
5.4 CITY-ST-ZIP NAPLES, FL 34108

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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; 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 on an attachment with an address.

Anthony DinarDO 4/22/97

CR2E037 (9/96)