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FILED
Apr 23 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 # N93000004175 (6)
1. Corporation Name
WATERPARK PLACE VILLAGE ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
801 LAUREL OAK DR SUITE 640 NAPLES FL 34108 US		801 LAUREL OAK DR SUITE 640 NAPLES FL 33963	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country		
24	25	29 34108	30

3. Date Incorporated or Qualified	09/10/1993	
4. FEI Number	65-0438867	Applied For 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 checked="" 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	

9. Name and Address of Current Registered Agent

WOODWARD, MARK J
801 LAUREL OAK DR.
SUITE 640
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	Suite 710
85 Zip Code	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP DINARDO, ANTHONY	1.1 TITLE	D JOSEPH L PARISI
NAME	4001 TAMAMI TRAIL N STE 350	1.2 NAME	4001 TAMIAMI TRAIL NORTH, SUITE 350
STREET ADDRESS	NAPLES FL	1.3 STREET ADDRESS	NAPLES, FL 34103
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DP HAYES, JOHN	2.1 TITLE	
NAME	4001 TAMIAMI TRAIL N., STE. 300	2.2 NAME	
STREET ADDRESS	NAPLES FL	2.3 STREET ADDRESS	Suite 350
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD WOODWARD, MARK J	3.1 TITLE	
NAME	801 LAUREL OAK DR SUITE 640	3.2 NAME	
STREET ADDRESS	NAPLES FL	3.3 STREET ADDRESS	Suite 710
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D VOGEL, ELAINE	4.1 TITLE	
NAME	6825 GRENADIER BLVD., #704	4.2 NAME	
STREET ADDRESS	NAPLES FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D CULLEN, RICHARD	5.1 TITLE	
NAME	6825 GRENADIER BLVD, #203	5.2 NAME	
STREET ADDRESS	NAPLES FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Anthony DiNardo* 04/15/98 941 434 2030

CR2E037 (10/97)