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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000004175

1. Corporation Name

WATERPARK PLACE VILLAGE ASSOCIATION, INC.

377387 - 90135 - 12



Principal Place of Business

801 LAUREL OAK DR
 SUITE 710
 NAPLES FL 34108
 US

Mailing Address

801 LAUREL OAK DR
 SUITE 710
 NAPLES FL 34108
 US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/10/1993

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

9. Name and Address of Current Registered Agent

WOODWARD, MARK J
 801 LAUREL OAK DR.
 SUITE 710
 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

FL

85 Zip Code

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

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

TITLE D
 NAME PARISI, JOSEPH L.
 STREET ADDRESS 4001 TAMAIMI TRAIL N, SUITE 350
 CITY-ST-ZIP NAPLES FL 34103

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

TITLE D
 NAME VOGEL, ELAINE
 STREET ADDRESS 6825 GRENADIER BLVD., #704
 CITY-ST-ZIP NAPLES FL

TITLE D
 NAME CULLEN, RICHARD
 STREET ADDRESS 6825 GRENADIER BLVD, #203
 CITY-ST-ZIP NAPLES FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
 1.2 NAME SUZIEDELIS, VITO
 1.3 STREET ADDRESS 6849 GRENADIER BLVD, #PH-5
 1.4 CITY-ST-ZIP NAPLES, FL 34108

2.1 TITLE D
 2.2 NAME BERGER, MYRON
 2.3 STREET ADDRESS 6849 GRENADIER BLVD #1901
 2.4 CITY-ST-ZIP NAPLES, FL 34108

3.1 TITLE D
 3.2 NAME ROBEY, KINLEY
 3.3 STREET ADDRESS 6825 GRENADIER BLVD #1104
 3.4 CITY-ST-ZIP NAPLES, FL 34108

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE
 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:

Anthony DinarDO
 ANTHONY D. DINARDO

04/12/99

941 434 2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)