

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004175

1. Entity Name

WATERPARK PLACE VILLAGE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

801 LAUREL OAK DR
SUITE 710
NAPLES FL 34108
US

801 LAUREL OAK DR
SUITE 710
NAPLES FL 34108-2707
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0438867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODWARD, MARK J
801 LAUREL OAK DR.
SUITE 710
NAPLES FL 34108

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3470 Club Center Blvd.
CITY-ST-ZIP Naples, FL 34114

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3470 Club Center Blvd.
CITY-ST-ZIP Naples, FL 34114

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 801 Laurel Oak Drive, Suite 710
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SUZIEDELIS, VITO
STREET ADDRESS 6849 GRENADIER BLVD #PH-5
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BERGER, MYRON
STREET ADDRESS 6849 GRENADIER BLVD #1901
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90055 048 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)