

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004175

FILED
Apr 28, 2009
Secretary of State

Entity Name: WATERPARK PLACE VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

CARDINAL MGMT. GROUP, S. FLORIDA INC
5067 TAMIAMI T RAIL EAST
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

CARDINAL MGMT. GROUP, S. FLORIDA INC
5067 TAMIAMI T RAIL EAST
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 65-0438867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOODWARD, MARK J
3200 TAMIAMI TRAIL NORTH
SUITE 200
NAPLES, FL 34103 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: DINARDO, ANTHONY
Address: 8156 FIDDLER'S CREEK PKWY
City-St-Zip: NAPLES, FL 34114

Title: D () Delete
Name: PARISI, JOSEPH L.
Address: 8156 FIDDLER'S CREEK PKWY
City-St-Zip: NAPLES, FL 34114

Title: D () Delete
Name: WOODWARD, MARK J
Address: 3200 TAMIAMI TRAIL NORTH STE 200
City-St-Zip: NAPLES, FL 34103

Title: P () Delete
Name: SUZIEDELIS, VITO
Address: 6849 GRENADIER BLVD #PH-5
City-St-Zip: NAPLES, FL 34108

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

Title: V () Delete
Name: BERGER, MYRON
Address: 6849 GRENADIER BLVD #1901
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

P

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date