2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005661

FILED Apr 09, 2009 Secretary of State

Entity Name: ST. LAURENT AT WATERPARK PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New	New Principal Place of Business:		
	TELLO DRIV	E				
SUITE 206 NAPLES, F		US				
Current Mailing Address:			New	New Mailing Address:		
1044 CAS ⁻	TELLO DRIV	E				
# 206 NAPLES, F	FL 34103	US				
FEI Number:	65-0538810	FEI Number Applied For ()	FEI Number No	t Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name	and Address o	of New Registered Agent:	
		RTY MANAGEMENT				
1044 CAS ⁻ SUITE #20	TELLO DRIV	E				
			nurnose of chan	nina ite realetere	d office or registered agent, or both,	
	of Florida.	y submits this statement for the	purpose or chang	ging its registere	d office of registered agent, or both,	
SIGNATUF	RE:					
	Electro	onic Signature of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:			ADDI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name:	PD (SUZIEDELIS,) Delete	Title: Name:		() Change () Addition	
Address:	6849 GRENA	DIER BLVD. #PH5	Addres			
City-St-Zip:	NAPLES, FL	34108	City-St	-∠ıp:		
Title: Name:	VD (MYRON, BEF	ODelete	Title: Name:		() Change () Addition	
Address:	6849 GRENA	DIER BLVD. #1901	Addres			
City-St-Zip:	NAPLES, FL	34106	City-St	-Zip.		
Title: Name:	SD (PUTHOFF, M)Delete ELVIN	Title: Name:		() Change () Addition	
Address:	6849 GRENA	DIER BLVD. #1604	Addres			
City-St-Zip:	NAPLES, FL		City-St	-Zip:		
Title:) Delete	Title: Name:		() Change () Addition	
Name: Address:	PAYNE, JAMI 6849 GRERA	=5 DIER BLVD #704	Addres	s:		
City-St-Zip:	NAPLES, FL		City-St	-Zip:		
Title:) Delete	Title:		() Change () Addition	
Name:	KRUPP, NEA		Name:	•		
Address: City-St-Zip:	NAPLES, FL	DIER BLVD. #1005 34103	Addres City-St			
Title:	D () Delete	Title:		() Change () Addition	
Name:	CAMPBELL,		Name:			
Address: City-St-Zip:	6849 GRAND NAPLES, FL		Addres City-St			

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: VITO SUZIEDELIS P 04/09/2009