## Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH PARISI

Date

10/24/2018

#### 2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N93000004175

Entity Name: WATERPARK PLACE VILLAGE ASSOCIATION, INC.

# **Current Principal Place of Business:**

SOUTHWEST PROPERTY MANAGEMENT, INC. 1044 CASTELLO DR., STE. 206 NAPLES, FL 34103

# **Current Mailing Address:**

SOUTHWEST PROPERTY MANAGEMENT, INC. 1044 CASTELLO DR., STE. 206 NAPLES, FL 34103 US

# FEI Number: 65-0438867

## Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT, INC. SOUTHWEST PROPERTY MANAGEMENT, INC. 1044 CASTELLO DR., STE.206 NAPLES, FL 34103 US

SIGNATURE	E: STEPHEN E. WILLIAMS		10/24/	201
	Electronic Signature of Registered Agent		Da	te
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	SECRETARY/TREASURER	
Name	PARISI, JOSEPH	Name	DINARDO, ANTHONY	
Address	C/O SOUTHWEST PROPERTY MANAGEMENT, INC. 1044 CASTELLO DR., STE.206	Address	C/O SOUTHWEST PROPERTY MANAGEMENT, INC. 1044 CASTELLO DR., STE. 206	
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103	
Title	VICE PRESIDENT	Title	DIRECTOR	
Name	WOODWARD, MARK J	Name	BERGER, MYRON	
Address	C/O SOUTHWEST PROPERTY MANAGEMENT, INC. 1044 CASTELLO DR., STE., 206	Address	C/O ST. LAURENT AT PELICAN BAY 6849 GRENADIER BLVD, #1901	
		City-State-Zip:	NAPLES FL 34108	
City-State-Zip:	NAPLES FL 34103	Title		
Title	DIRECTOR MCCORMACK, WILLIAM		DIRECTOR	
Name		Name	MARKS, RON	
Address	C/O ST. PIERRE AT PELICAN BAY	Address	C/O ST. LAURENT AT PELICAN BAY 6849 AT GRENADIER BLVD., #1204	
City-State-Zip:	6825 GRENADIERE #210 NAPLES FL 34108	City-State-Zip:	NAPLES FL 34108	
Title	DIRECTOR			
Name	RUCHTY, NICK			
Address	C/O ST. PIERRE AT PELICAN BAY 6825 GRENADIER BLVD.			
City-State-Zip:	NAPLES FL 34108			

I hereby 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

PRESIDENT

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.

Certificate of Status Desired: No

FILED Oct 24, 2018 Secretary of State CC4866735431