

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004175

**FILED**  
**Apr 10, 2013**  
**Secretary of State**  
**CC1618170848**

**Entity Name:** WATERPARK PLACE VILLAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

4670 CARDINAL WAY  
SUITE 302  
NAPLES, FL 34112

**Current Mailing Address:**

4670 CARDINAL WAY  
SUITE 302  
NAPLES, FL 34112 US

**FEI Number:** 65-0438867

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CARDINAL MANAGEMENT GROUP OF FLORIDA, INC.  
4670 CARDINAL WAY  
SUITE 302  
NAPLES, FL 34112 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PARISI, JOSEPH  
Address        4670 CARDINAL WAY, SUITE 302  
City-State-Zip: NAPLES FL 34112

Title            SECRETARY/TREASURER  
Name            DINARDO, ANTHONY  
Address        4670 CARDINAL WAY, SUITE 302  
City-State-Zip: NAPLES FL 34112

Title            VICE PRESIDENT  
Name            WOODWARD, MARK J  
Address        4670 CARDINAL WAY, SUITE 302  
City-State-Zip: NAPLES FL 34112

Title            DIRECTOR  
Name            HOVER, JOHN R  
Address        4670 CARDINAL WAY, SUITE 302  
City-State-Zip: NAPLES FL 34112

Title            DIRECTOR  
Name            MACCHI, LEONOR  
Address        4670 CARDINAL WAY, SUITE 302  
City-State-Zip: NAPLES FL 34112

Title            DIRECTOR  
Name            BERGER, MYRON  
Address        4670 CARDINAL WAY, SUITE 302  
City-State-Zip: NAPLES FL 34112

Title            DIRECTOR  
Name            LEICHTER, ERIC  
Address        4670 CARDINAL WAY, SUITE 302  
City-State-Zip: NAPLES FL 34112

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

**SIGNATURE:** JOSEPH PARISI

**PRESIDENT**

**04/10/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date