

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N93000004175

Entity Name: WATERPARK PLACE VILLAGE ASSOCIATION, INC.

FILED
Jun 29, 2020
Secretary of State
7163008747CC

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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT, INC.
SOUTHWEST PROPERTY MANAGEMENT, INC.
1044 CASTELLO DR., STE.206
NAPLES, FL 34103 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: STEPHEN E. WILLIAMS

06/29/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PARISI, JOSEPH
Address C/O SOUTHWEST PROPERTY
 MANAGEMENT, INC.
 1044 CASTELLO DR., STE.206
City-State-Zip: NAPLES FL 34103

Title VICE PRESIDENT
Name WOODWARD, MARK J
Address C/O SOUTHWEST PROPERTY
 MANAGEMENT, INC.
 1044 CASTELLO DR., STE., 206
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name MARKS, RON
Address SOUTHWEST PROPERTY
 MANAGEMENT, INC.
 1044 CASTELLO DR., STE. 206
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name RUCHTY, NICK
Address SOUTHWEST PROPERTY
 MANAGEMENT, INC.
 1044 CASTELLO DR., STE. 206
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name BOYLE, FRED
Address SOUTHWEST PROPERTY
 MANAGEMENT, INC.
 1044 CASTELLO DR., STE. 206
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name DALY, LORRAINE
Address SOUTHWEST PROPERTY
 MANAGEMENT, INC.
 1044 CASTELLO DR., STE. 206
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name HIGGINS, SHAWN
Address SOUTHWEST PROPERTY
 MANAGEMENT, INC.
 1044 CASTELLO DR., STE. 206
City-State-Zip: NAPLES FL 34103

Title DIRECTOR, SECRETARY,
 TREASURER
Name O'NEILL, MICHAEL T
Address SOUTHWEST PROPERTY
 MANAGEMENT, INC.
 1044 CASTELLO DR., STE. 206
City-State-Zip: NAPLES FL 34103

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 L. PARISI

PRESIDENT

06/29/2020

