2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N07000007393

Entity Name: WATERPARK PLACE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1500 MIRACLE STRIP PARKWAY
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

1500 MIRACLE STRIP PARKWAY
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 26-2176293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALVATORI & WOOD, P.L.
4001 TAMIAMI TRAIL NORTH SUITE 330
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

SALVATORI & WOOD, P.L.
9132 STRADA PLACE, FOURTH FLOOR
NAPLES, FL 34108 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: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: KREUSER, WILLIAM G.P.
Address: 1500 MIRACLE STRIP PARKWAY
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: DS ( ) Delete
Name: GUAY, ANNETTE
Address: 1500 MIRACLE STRIP PARKWAY
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: DT ( ) Delete
Name: CLUCK, GAIL
Address: 1500 MIRACLE STRIP PARKWAY
City-St-Zip: FORT WALTON BEACH, FL 32548

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:

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: WILLIAM GP KREUSER P 04/30/2009
Electronic Signature of Signing Officer or Director — Date