

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007393

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**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 & BUCKEL, P.L.  
9132 STRADA PLACE, FOURTH FLOOR  
NAPLES, FL 34108 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: TOLBERT, FRED E III  
Address: 1500 MIRACLE STRIP PARKWAY  
City-St-Zip: FORT WALTON BEACH, FL 32548

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

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

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: FRED E TOLBERT III

PRES

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date