

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42080

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** THE WATERMARK CONDOMINIUM ASSOCIATION, INC. OF NAPLES

**Current Principal Place of Business:**

WATERMARK CONDO ASSOC.  
9380 GULF SHORE DR  
NAPLES, FL 33963

**New Principal Place of Business:**

9380 GULF SHORE DR.  
NAPLES, FL 34108

**Current Mailing Address:**

P.O.BOX 110339  
NAPLES, FL 34108

**New Mailing Address:**

P.O. BOX 110339  
NAPLES, FL 34108

FEI Number: 65-0249727

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BEVERLY KUETER-SUNBURST MGT.CORP  
4306 ARNOLD AVE  
NAPLES, FL 34104 US

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

KUETER, BEVERLY  
C/O SUNBURST MGMT.  
3406 ARNOLD AVE.  
NAPLES, FL 34104 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: BEVERLY KUETER

04/27/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: MIDDLETON, LINDA  
Address: 9380 GULF SHORE DRIVE #101  
City-St-Zip: NAPLES, FL

Title: PD ( ) Delete  
Name: COMAIANNI, CARMEN  
Address: 9380 GULF SHORE DR #302  
City-St-Zip: NAPLES, FL 34108

Title: DST ( ) Delete  
Name: MCCOUN, PHILLIP  
Address: 9380 GULF SHORE DRIVE #303  
City-St-Zip: NAPLES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVP (X) Change ( ) Addition  
Name: BAYT, JACK  
Address: 9380 GULF SHORE DR. #404  
City-St-Zip: NAPLES, FL 34108

Title: DP (X) Change ( ) Addition  
Name: COMAIANNI, CARMEN  
Address: 9380 GULF SHORE DR. #302  
City-St-Zip: NAPLES, FL 34108

Title: DST (X) Change ( ) Addition  
Name: MCCOUN, MIKE  
Address: 9380 GULF SHORE DR. #303  
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARMEN COMAIANNI

D/P

04/27/2005

Electronic Signature of Signing Officer or Director

Date