

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42080

FILED
Apr 28, 2006
Secretary of State

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

Current Principal Place of Business:

9380 GULF SHORE DR.
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 110339
NAPLES, FL 34108

New Mailing Address:

FEI Number: 65-0249727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUETER, BEVERLY
C/O SUNBURST MGMT.
3406 ARNOLD AVE.
NAPLES, FL 34104 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: DVP () Delete
Name: BAYT, JACK
Address: 9380 GULF SHORE DR. #404
City-St-Zip: NAPLES, FL 34108

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DP (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 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: MIKE MCCOUN

DP

04/28/2006

Electronic Signature of Signing Officer or Director

Date