2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90461 008 ****70.00

DOCUMENT # N93000004175

1. Entity Name

WATERPARK PLACE VILLAGE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
801 LAUREL OAK DR SUITE 710 NAPLES FL 34108 US	801 LAUREL OAK DR SUITE 710 NAPLES FL 34108 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3200 Tamiami Trail N.	3200 Tamiami Trail N.
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Naples, FL	City & State: Naples, FL
Zip: 34103 Country:	Zip: 34103 Country:

4. FEI Number 65-0438867 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOODWARD, MARK J 801 LAUREL OAK DR. SUITE 710 NAPLES FL 34108	Name Street Address (P.O. Box Number is Not Acceptable): 3200 Tamiami Trail N., Suite 200 City: Naples **FL** Zip Code: 34103

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP DINARDO, ANTHONY 3470 CLUB CENTER BLVD. NAPLES FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARISI, JOSEPH L. 3470 CLUB CENTER BLVD. NAPLES FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WOODWARD, MARK J 801 LAUREL OAK DRIVE, SUITE 710 NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUZIEDELIS, VITO 6849 GRENADIER BLVD #PH-5 NAPLES FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CULLEN, RICHARD 6825 GRENADIER BLVD, #203 NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERGER, MYRON 6849 GRENADIER BLVD #1901 NAPLES FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony DiNardo ANTHONY DINARDO 4/26/01 941 732 9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #