

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005661

FILED
Apr 09, 2009
Secretary of State

Entity Name: ST. LAURENT AT WATERPARK PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DRIVE
206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0538810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DRIVE
SUITE #206
NAPLES, FL 34103 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: PD () Delete
Name: SUZIEDELIS, VITO
Address: 6849 GRENADIER BLVD. #PH5
City-St-Zip: NAPLES, FL 34108

Title: VD () Delete
Name: MYRON, BERGER P
Address: 6849 GRENADIER BLVD. #1901
City-St-Zip: NAPLES, FL 34108

Title: SD () Delete
Name: PUTHOFF, MELVIN
Address: 6849 GRENADIER BLVD. #1604
City-St-Zip: NAPLES, FL

Title: TD () Delete
Name: PAYNE, JAMES
Address: 6849 GRERADIER BLVD #704
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: KRUPP, NEAL
Address: 6849 GRENADIER BLVD. #1005
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: CAMPBELL, DONALD
Address: 6849 GRANDIEW BLVD #1101
City-St-Zip: NAPLES, FL 34108

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:

Title: () Change () Addition
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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: VITO SUZIEDELIS

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date