

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000002060

**FILED  
Mar 22, 2024  
Secretary of State  
9190357890CC**

**Entity Name:** MYSTIQUE AT WATERPARK PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6897 GRENADIER BLVD  
C/O MANAGEMENT OFFICE  
NAPLES, FL 34108

**Current Mailing Address:**

6897 GRENADIER BLVD  
C/O MANAGEMENT OFFICE  
NAPLES, FL 34108 US

**FEI Number: 82-3421510**

**Certificate of Status Desired: No**

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

BECKER & POLIAKOFF, P.A.  
12140 CARISSA COMMERCE COURT  
200  
FORT MYERS, FL 33966 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: JOSEPH E. ADAMS, ESQUIRE**

**03/22/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LEO LUDWIG  
Address        6897 GRENADIER BLVD  
                  C/O MANAGEMENT OFFICE  
City-State-Zip: NAPLES FL 34108

Title            VP  
Name            JERRY WHITSON  
Address        6897 GRENADIER BLVD  
                  C/O MANAGEMENT OFFICE  
City-State-Zip: NAPLES FL 34108

Title            VP  
Name            JIM UTTS  
Address        6897 GRENADIER BLVD  
                  C/O MANAGEMENT OFFICE  
City-State-Zip: NAPLES FL 34108

Title            TREASURER  
Name            STEPHEN EICHENBERGER  
Address        6897 GRENADIER BLVD  
                  C/O MANAGEMENT OFFICE  
City-State-Zip: NAPLES FL 34108

Title            SECRETARY  
Name            DIANE DESROSIER  
Address        6897 GRENADIER BLVD  
                  C/O MANAGEMENT OFFICE  
City-State-Zip: NAPLES FL 34108

*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: AWILDA RIVERA**

**GENERAL MANAGER**

**03/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date