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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

501933 - 90083 - 45

DOCUMENT # **N96000005934**

1. Corporation Name

L. S. OF PARKER LAKES NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9400 GLADIOLUS DRIVE SUITE 250 FT. MYERS FL 33908	9400 GLADIOLUS DRIVE SUITE 250 FT. MYERS FL 33908

2. Principal Place of Business	2a. Mailing Address
c/o MARQUIS MANAGEMENT 9400 GLADIOLUS DR SUITE 100 FORT MYERS, FL. 33908	c/o MARQUIS MANAGEMENT 9400 GLADIOLUS DR SUITE 100 FORT MYERS, FL. 33908

3. Date Incorporated or Qualifed: 11/20/1996

4. FEI Number: 65-0723530 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
STILPHEN, PETER C/O MARQUIS MANAGEMENT INC 9400 GLADIOLUS DR, #100 FT MYERS FL 33908	81 82 83 84	MICHAEL FLEMING c/o MARQUIS MANAGEMENT INC. 9400 GLADIOLUS DR. SUITE 100 FORT MYERS, FL. 33908

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Michael Fleming 4/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REISMAN, JOHN 9400 GLADIOLUS DRIVE,STE 250 FORT MYERS FL 33908	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition PD Bennett, Charles 15010 Lakeside View Dr. #202 Fort Myers, FL. 33919
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GULLO, VINCE 9400 GLADIOLUS DRIVE,STE 250 FORT MYERS FL 33908	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition VD Moore, William 15060 Lakeside View Dr. # 1102 Fort Myers, FL. 33919
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KNIZNER, DAVE 9400 GLADIOLUS DRIVE,STE 250 FORT MYERS FL 33908	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition TD Kirkman, Jane 15011 Lakeside View Dr #2404 Fort Myers, FL. 33919
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition SD Courie, Mitchell 15050 Lakeside View Dr #1002 Fort Myers, FL. 33919
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition D Morgan, James 9310 Water Lily Court #403 Fort Myers, FL. 33919
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-20/99 954-454-7083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)