

2001 UNIFORM BUSINESS REPORT (UBF)

DOCUMENT # N96000005934

FILED
Jul 23, 2001 8:00 am
Secretary of State

07-23-2001 90001 033 ****61.25

1. Entity Name

L. S. OF PARKER LAKES NEIGHBORHOOD ASSOCIATION.

Principal Place of Business

C/O MARQUIS MANAGEMENT
 9400 GLADIOLUS DR. STE 100
 FT. MYERS FL 33908

Mailing Address

C/O MARQUIS MANAGEMENT
 9400 GLADIOLUS DR. STE 100
 FT. MYERS FL 33908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0723530

Applied

Not App

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

Name

ARLENE O'NEILL

Street Address (P.O. Box Number Not Acceptable)

C/O MARQUIS MANAGEMENT, INC.

9400 GLADIOLUS DR. #100

FT. MYERS FL 33908

~~SHIELDS, CHRISTOPHER J~~

~~1833 HENDRY STREET~~

~~FT MYERS FL 33901~~

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

Arlene O'Neill

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/01

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 **PD**
 NAME **BENNETT, CHARLES** ☒ Delete
 STREET ADDRESS **15010 LAKESIDE VIEW DR., #202**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **VP**
 NAME **Emmi Stabler** ☐ Change ☒ A
 STREET ADDRESS **15090 LAKESIDE VIEW DR #1501**
 CITY-ST-ZIP **Ft. Myers, FL 33919**

TITLE **VP**
 NAME **MOORE, WILLIAM** ☒ Delete
 STREET ADDRESS **15060 LAKESIDE VIEW DR., #1102**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **T**
 NAME **ED Weiner** ☐ Change ☒ A
 STREET ADDRESS **15080 LAKESIDE VIEW DR #1402**
 CITY-ST-ZIP **Ft. Myers, FL 33919**

TITLE **TD**
 NAME **KIRKMAN, JANE** ☒ Delete
 STREET ADDRESS **15011 LAKESIDE VIEW DR., #2404**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **S**
 NAME **John Berger** ☐ Change ☒ A
 STREET ADDRESS **15020 LAKESIDE VIEW DR #304**
 CITY-ST-ZIP **Ft. Myers, FL 33919**

TITLE **SD**
 NAME **COURT, MITCHELL** ☐ Delete
 STREET ADDRESS **15050 LAKESIDE VIEW DR., #1002**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **D**
 NAME **Karen Diaz Dudley** ☐ Change ☒ A
 STREET ADDRESS **15011 LAKESIDE VIEW DR #2401**
 CITY-ST-ZIP **Ft. Myers, FL 33919**

TITLE **Pres.**
 NAME **MORGAN, JAMES** ☐ Delete
 STREET ADDRESS **9310 WATER LILY COURT, #403**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **D**
 NAME **Dave Pearson** ☐ Change ☒ A
 STREET ADDRESS **9310 WATER LILY CT. #401**
 CITY-ST-ZIP **Ft. Myers, FL 33919**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ A
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.