

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90359 001 ****61.25

DOCUMENT # N96000005934

1. Entity Name

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

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

40 Henke Property Mgmt

Suite, Apt. #, etc.
6213-A Presidential Court

City & State
Fort Myers, FL

Zip
33919

Country

3. Mailing Address

40 Henke Property Mgmt Inc.

Suite, Apt. #, etc.
6213-A Presidential Court

City & State
Fort Myers, FL

Zip
33919

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0723530**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~O'NEILL, ARLENE~~
~~%MARQUIS MANAGEMENT, INC.~~
~~9400 GLADIOLUS DR. #100~~
~~FORT MYERS FL 33908~~

7. Name and Address of New Registered Agent

Name **Carol J. Henke**
Henke Property Management INC.
 Street Address (P.O. Box Number is Not Acceptable)
6213-A Presidential Court
 City **Fort Myers** FL Zip Code **33919**

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 **Carol J. Henke**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-02

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

TITLE	D	☒ Delete
NAME	DEEDLEY, KAREN D	
STREET ADDRESS	15011 LAKESIDE VIEW DR. #2401	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	☒ Delete
NAME	PEARSON, DAVE	
STREET ADDRESS	9310 WATER WAY CT. #401	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	S	☒ Delete
NAME	BERGER, JOHN	
STREET ADDRESS	15020	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	☒ Delete
NAME	COURK, MITCHELL	
STREET ADDRESS	15050 LAKESIDE VIEW DR., #1002	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	PRES	☒ Delete
NAME	MORGAN, JAMES	
STREET ADDRESS	9310 WATER LILY COURT, #403	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	VP	☒ Delete
NAME	STABLER, EADI	
STREET ADDRESS	15090 LAKESIDE VIEW DR #1501	
CITY-ST-ZIP	FORT MYERS FL 33919	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☒ Addition
NAME	Carr, Don	
STREET ADDRESS	9311 Water Lily Court #803	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	VPD	☐ Change ☒ Addition
NAME	Cooney, Ed	
STREET ADDRESS	15051 Lakeside View Dr #2001	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	SD	☐ Change ☒ Addition
NAME	Payne, Carolyn	
STREET ADDRESS	15071 Lakeside #1802	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	TD	☐ Change ☒ Addition
NAME	Kirkman, Jane	
STREET ADDRESS	15011 Lakeside View Dr. #2404	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	D	☐ Change ☒ Addition
NAME	Olson, Lyle	
STREET ADDRESS	15070 Lakeside View Dr #1201	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	D	☐ Change ☒ Addition
NAME	Fee, David	
STREET ADDRESS	15051 Lakeside View Dr. #2002	
CITY-ST-ZIP	Fort Myers, FL 33919	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02

Daytime Phone #

CR2E037 (9/01)