

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90216 004 ****61.25

DOCUMENT # N96000005934

1. Entity Name

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



Principal Place of Business

C/O HENKE PROPERTY MGMT.
6213-A PRESIDENTIAL CT.
FORT MYERS FL 33919

Mailing Address

C/O HENKE PROPERTY MGMT.
6213-A PRESIDENTIAL CT.
FORT MYERS FL 33919

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

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

HENKE, CAROL J
HENKE PROPERTY MGMT., INC
6213-A PRESIDENTIAL CT.
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CARR, DON
STREET ADDRESS 9311 WATER LILY COURT #803
CITY-ST-ZIP FORT MYERS FL 33919 ☒ Delete

TITLE VPD
NAME COONEY, ED
STREET ADDRESS 15051 LAKESIDE VIEW DR. #2001
CITY-ST-ZIP FORT MYERS FL 33919 ☒ Delete

TITLE SD
NAME PAYNE, CAROLYN
STREET ADDRESS 15071 LAKESIDE #1802
CITY-ST-ZIP FORT MYERS FL 33919 ☒ Delete

TITLE D
NAME SCHWARTZ, BOB
STREET ADDRESS 15020 LAKESIDE VIEW DR #302
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

TITLE OLSON, LYL
NAME
STREET ADDRESS 15070 LAKESIDE VIEW DR. #2002
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

TITLE D
NAME NUNN, SHIRLEY
STREET ADDRESS 15021 LAKESIDE VIEW DR. #2301
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Y/D
NAME Valant, Neil
STREET ADDRESS 9331 Water Lily Ct # 603
CITY-ST-ZIP Ft Myers FL 33919 ☐ Change ☒ Addition

TITLE SD
NAME Schultz, Charles
STREET ADDRESS 15091 Lakeside View Drive #1601
CITY-ST-ZIP Ft Myers FL 33919 ☐ Change ☒ Addition

TITLE T/D
NAME Sinclair, Donna
STREET ADDRESS 15071 Lakeside View Dr #1804
CITY-ST-ZIP Ft Myers FL 33919 ☐ Change ☒ Addition

TITLE P/D
NAME Schwartz, Bob
STREET ADDRESS 15020 Lakeside View Dr #302
CITY-ST-ZIP Ft Myers FL 33919 ☒ Change ☐ Addition

TITLE D
NAME Olson, Lyle
STREET ADDRESS 15011 Lakeside View Dr #1601
CITY-ST-ZIP Ft Myers FL 33919 ☒ Change ☐ Addition

TITLE D
NAME Mathison, Tom
STREET ADDRESS 15031 Lakeside View Dr #2202
CITY-ST-ZIP Ft Myers FL 33919 ☐ Change ☒ Addition

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

Date

Daytime Phone #

4/1/04 239-481-7650