2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State
06-03-2005 90001 044 ****61.25

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1. Entity Name
L. S. OF PARKER LAKES NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O HENKE PROPERTY MGMT. 6213-A PRESIDENTIAL CT. FORT MYERS, FL 33919	C/O HENKE PROPERTY MGMT. 6213-A PRESIDENTIAL CT. FORT MYERS, FL 33919

03302005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2180 WEST SR 434	2180 WEST SR 434
Suite, Apt. #, etc. SUITE 5000	Suite, Apt. #, etc. SUITE 5000
City & State LONGWOOD FL	City & State LONGWOOD FL
Zip 32779 Country USA	Zip 32779 Country USA

4. FEI Number 65-0729732 ☐ Applied For ☐ Not Applicable

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
HENKE, CAROL J HENKE PROPERTY MGMT., INC 6213-A PRESIDENTIAL CT. FORT MYERS, FL 33919	Name Street JAMES W HART JR SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 City LONGWOOD FL 32779 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

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VALANTY, NEIL 9331 WATERLILY CT #603 FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHULTZ, CHARLES 15091 LAKESIDE VIEW DRIVE #1601 FORT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Don Corey 9310 Water Lily Ct Ft Myers FL 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SINCLAIR, DONNA 15071 LAKESIDE VIEW DRIVE #1804 FORT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Jane Kirkman 15011 Lakeside View Dr Ft Myers FL 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHWARTZ, BOB 15020 LAKESIDE VIEW DR #302 FORT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jim Ably 15051 Lakeside View Dr Ft Myers FL 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLSON, LYLY 15011 LAKESIDE VIEW DRIVE #1201 FORT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ruth Morgan 15090 Lakeside View Dr Ft Myers FL 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NUNN, SHIRLEY 15021 LAKESIDE VIEW DR. #2301 FORT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Thomas Mathison 15031 Lakeside View Dr 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: Neil Valanty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #