2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N96000005934

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

Current Principal Place of Business:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

2525 PARKWAY STREET
FORT MYERS, FL 33901

Current Mailing Address:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

2525 PARKWAY STREET
FORT MYERS, FL 33901

FEI Number: 65-0729732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

REALTY SERVICES
2525 PARKWAY STREET
FORT MYERS, FL 33901 US

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: MICHAEL MCVETY 04/08/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: MATHISON, TOM
Address: 15031 LAKESIDE VIEW DR 2202
City-St-Zip: FORT MYERS, FL 33919

Title: SD ( ) Delete
Name: HENDRICKS, WENDY
Address: 15041 LAKESIDE VIEW DR #2103
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete
Name: ZEIDES, PETE
Address: 78 ELMRIDGE RD
City-St-Zip: MANSFIELD, OH 44907

Title: TD ( ) Delete
Name: ABLY, JIM
Address: 15000 LAKESIDE VIEW DR 102
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete
Name: PAYNE, CAROLYN
Address: 15071 LAKESIDE VIEW DRIVE #1802
City-St-Zip: FORT MYERS, FL 33919

Title: PD ( ) Delete
Name: MALENFANT, NORMAN
Address: 15001 LAKESIDE VIEW DRIVE #2502
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN MALENFANT P 04/08/2009
Electronic Signature of Signing Officer or Director Date