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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003922

1. Corporation Name
G. V. OF PARKER LAKES NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business 9400 GLADIOLUS DR., STE. 250 FT. MYERS FL 33908	Mailing Address 9400 GLADIOLUS DR., STE. 250 FT. MYERS FL 33908
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2. Principal Place of Business c/o MARQUIS MANAGEMENT 9400 GLADIOLUS DR SUITE 100 FORT MYERS, FL. 33908	2a. Mailing Address c/o MARQUIS MANAGEMENT 9400 GLADIOLUS DR SUITE 100 FORT MYERS, FL. 33908
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3. Date Incorporated or Qualified 07/09/1997	
4. FEI Number 65-0768267	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KUSSNER, STEPHEN L
STE. 2100, 1 TAMPA CITY CENTER BUILDING
TAMPA FL 33601

10. Name and Address of New Registered Agent

MICHAEL FLEMING c/o
MARQUIS MANAGEMENT INC.
9400 GLADIOLUS DR. SUITE 100
FORT MYERS, FL. 33908

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: *[Date]*

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REISMAN, JOHN 9400 GLADIOLUS DR., STE. 250 FT. MYERS FL 33908	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GULLO, VINCE 9400 GLADIOLUS DR., STE. 250 FT. MYERS FL 33908	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KNIZNER, DAVE 9400 GLADIOLUS DR., STE. 250 FT. MYERS FL 33908	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Morris, Judy 1490 Vista View Way #907 Fort Myers, FL 33919	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	STD Crisler, William 1490 Vista View Way #102 Fort Myers, FL 33919	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD Zilkowskas, Richard 1490 Vista View Way #103 Fort Myers, FL 33919	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Pierson, Dave 1490 Vista View Way #101 Fort Myers, FL 33919	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Post, Wilmar 1490 Vista View Way #101 Fort Myers, FL 33919	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)