2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N97000003922 May 30, 2000 8:00 am 1. Entity Name **Secretary of State** G. V. OF PARKER LAKES NEIGHBORHOOD ASSOCIATION, 05-30-2000 90046 029 ****61.25 Principal Place of Business Mailing Address C/O MARQIS MANAGEMENT C/O MARQIS MANAGEMENT 9400 GLADIOLUS DR STE 100 9400 GLADIOLUS DR STE 100 FT. MYERS FL 33908-6698 FT. MYERS FL 33908 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0768267 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) FLEMING, MICHAEL MARQUIS MANAGEMENT INC 9400 GLADIOLUS DR STE 100 Zip Code City Fl FT MYERS FL 33908 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DΡ Change ☐ Addition TITLE ☐ Delete TITLE JUDY MORRIS MORRIS, JUDY NAME NAME #907 UISTA VIEW WAY 14961 1496 VISTA VIEW WAY #907 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. MYERS FL 33919 DUP ☐ Change ☐ Addition Delete TITLE STD TITLE RICHARD BUKAUKAS NAME CRUSLER, WILLIAM NAME 14940 UISTA VIEW WAY # 603 STREET ADDRESS STREET ADDRESS 14997 VISTA VIEW WAY #102 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33919 Change ☐ Addition VD TITLE DT ☐ Delete TITLE NILLIAM CRYSLER zukauskas. Richard NAME NAME 14990 UISTA VIEW WAY STREET ADDRESS STREET ADDRESS 14940 VISTA VIEW WAY #603 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33919 Lenange ☐ Addition Delete TITLE D S PIERSON NAME PIERSON, DAVE DAUID 14940 VISTA VIEW WAY STREET ADDRESS STREET ADDRESS 14940 VISTA VIEW WAY #601 F1. 33919 CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33919 FT. MYERS ☐ Addition TITLE ☐ Defete TITLE WILMAR POST POST, WILMAR NAME 14940 UISTA VIEW WAY NAME STREET ADDRESS STREET ADDRESS 14940 VISTA VIEW WAY #601 Ft. MYERS Fl. CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33919 ☐ Addition Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: SQUATYPOSAÇUIRED 2-14-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #