


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90471 002 ****61.25

DOCUMENT # N97000003922

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



Principal Place of Business
**C/O S.P.S. INC.
 12065 METRO PARKWAY #201
 FT. MYERS, FL 33912**

Mailing Address
**C/O S.P.S. INC.
 12065 METRO PARKWAY #201
 FT. MYERS, FL 33912**

54053799



2. Principal Place of Business
C/O PFM Prop. Mgmt

3. Mailing Address
same

4. FEI Number
65-0768267

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**S.P.S. INC.
 12065 MERTO PARKWAY #201
 FORT MYERS, FL 33912**

7. Name and Address of New Registered Agent
 Name *PFM Property Mgmt*
 Street Address (P.O. Box Number is Not Acceptable)
15660 San Carlos Blvd #40
 City *Fort Myers* **FL** Zip Code *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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard Berg* DATE *5/5/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

Filing Fee is \$61.25 Due by May 1, 2004

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	DP
NAME	ZUKAUSKAS, RICHARD D	NAME	<i>Dawnice Wyatt</i>
STREET ADDRESS	14940 VISTA VIEW WAY #603	STREET ADDRESS	<i>14970 Vista View Way #306</i>
CITY-ST-ZIP	FT. MYERS, FL 33919	CITY-ST-ZIP	<i>Fort Myers, FL</i>
TITLE	PTD	TITLE	DVP
NAME	MORRIS, JUDITH L	NAME	<i>Bob Sammarco</i>
STREET ADDRESS	14961 VISTA VIEW WAY #907	STREET ADDRESS	<i>14980 Vista View Way #201</i>
CITY-ST-ZIP	FT. MYERS, FL 33919	CITY-ST-ZIP	<i>Fort Myers, FL</i>
TITLE	D	TITLE	DT
NAME	HATLEY, MARY E	NAME	<i>Richard Berg</i>
STREET ADDRESS	14940 VISTA VIEW HWY, #903	STREET ADDRESS	<i>14951 Vista View Way #801</i>
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	<i>Fort Myers, FL</i>
TITLE	VSD	TITLE	DS
NAME	CRYSLER, WILLIAM	NAME	<i>William Cowse</i>
STREET ADDRESS	14990 VISTA VIEW WAY #102	STREET ADDRESS	<i>14951 Vista View Way #802</i>
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	<i>Fort Myers, FL</i>
TITLE	D	TITLE	D
NAME	POST, WILMAR	NAME	<i>Jay Thompson</i>
STREET ADDRESS	14940 VISTA VIEW WAY #604	STREET ADDRESS	<i>14960 Vista View Way #405</i>
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	<i>Fort Myers, FL</i>
TITLE		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: *Richard Berg* DATE *5/22/04* DAYTIME PHONE # *481-3275*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR