


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90831 039 \*\*\*\*61.25

**DOCUMENT # N97000003922**

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



Principal Place of Business  
**CRYSTAL COVE COURT**  
**FORT MYERS, FL 33919 US**

Mailing Address  
**% ALLIANT PROPERTY MANAGEMENT, LLC**  
**SUITE #2**  
**FORT MYERS, FL 33919 US**

2. Principal Place of Business - No P.O. Box # \_\_\_\_\_ | 3. Mailing Address \_\_\_\_\_

Suite, Apt \_\_\_\_\_ | City \_\_\_\_\_

City & St  
**Alliant Property Management, LLC**  
**6719 Winkler Road, Suite 200**  
**Fort Myers, FL 33919**

Zip \_\_\_\_\_ | Country \_\_\_\_\_



04192007 Chg-NP CR2E037 (12/06)

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

**ALLIANT PROPERTY MANAGEMENT, LLC**  
**6700 WINKLER ROAD**  
**SUITE 2**  
**FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Adr \_\_\_\_\_  
**Alliant Property Management, LLC**  
**6719 Winkler Road, Suite 200**  
 City \_\_\_\_\_  
**Fort Myers, FL 33919** 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 *William Gough* Agent *4-20-07*  
 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, 2007**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOUGH, WILLIAM 14941 VISTA VIEW WAY #803 FT. MYERS, FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANDERSON, RICHARD 14941 VISTA VIEW WAY #706 FT. MYERS, FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERG, RICHARD 14951 VISTA VIEW WAY #801 FORT MYERS, FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERGSHOEFF, JOHN 14980 VISTA VIEW WAY #203 FORT MYERS, FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERNER, NILES 14970 VISTA VIEW WAY #303 FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, DONALD 14840 CRYSTAL COVE COURT #501 FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARVE STURGESS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14960 VISTA VIEW WAY #405 FT. MYERS FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *William Gough* Wm. Gough, Pres. 4/26/07 239-415-7248  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #