

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 06, 2011
Secretary of State**

DOCUMENT# N97000003922

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

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 65-0768267 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD
SUITE 200
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SANDERSON, RICHARD
Address: 14941 VISTA VIEW WAY #706
City-St-Zip: FORT MYERS, FL 33919

Title: VP
Name: STURGESS, HARVE
Address: 14960 VISTA VIEW WAY #405
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: BERGSHOEFF, JOHN
Address: 14980 VISTA VIEW WAY #203
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: MCLOUGHLIN, JAMES
Address: 14971 VISTA VIEW WAY #1003
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: JACOBSON, RUTH
Address: 14940 VISTA VIEW WAY #605
City-St-Zip: FORT MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: RICHARD SANDERSON

PD

04/06/2011

Electronic Signature of Signing Officer or Director

_____ Date