

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90092 038 ****61.25

0072806

DOCUMENT # N98000000768

1. Entity Name

MARKER LAKE VILLAS NEIGHBORHOOD ASSOCIATION, INC

Principal Place of Business

Mailing Address

11216 TAMIAMI TRAIL NORTH
 STE 341
 NAPLES FL 34110

11216 TAMIAMI TRAIL NORTH
 STE 341
 NAPLES FL 34110

706012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8139 LAS PALMAS WAY
 Suite, Apt. #, etc.

8139 LAS PALMAS WAY
 Suite, Apt. #, etc.

City & State

City & State

NAPLES, FL.

NAPLES, FL

4. FEI Number

59-3564096

Applied For

Not Applicable

Zip

Country

Zip

Country

34109

USA

34109

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THRUSHMAN, GENE
 11216 TAMIAMI TRAIL NORTH
 STE 341
 NAPLES FL 34110

Name

Street Address (P.O. Box Number is Not Acceptable)

8139 LAS PALMAS WAY

City

NAPLES

FL

Zip Code

34109

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

Gene Thrushman *[Signature]*

1/12/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	THRUSHMAN, EUGENE C	
STREET ADDRESS	11216 TAMIAMI TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, JEAN K	
STREET ADDRESS	8139 LAS PALMAS WAY	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	VLAHAS, DINE	
STREET ADDRESS	2286 STACKIL CIRCLE	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thrushman, Eugene C	
STREET ADDRESS	8139 LAS PALMAS WAY	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* Gene Thrushman 1/12/01 941-591-0222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)