

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-16-2002 90036 014 ****61.25

DOCUMENT # N98000000768

1. Entity Name

MARKER LAKE VILLAS NEIGHBORHOOD ASSOCIATION, INC

Principal Place of Business

Mailing Address

8139 LAS PALMAS WAY
 NAPLES FL 34109

8139 LAS PALMAS WAY
 NAPLES FL 34109

2. Principal Place of Business

3. Mailing Address

2130 Stacil Circle

PO Box 110674

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34109

Country

USA

Zip

34108

Country

USA

4. FEI Number

59-3564096

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THRUSHMAN, GENE
 8139 LAS PALMAS WAY
 NAPLES FL 34109N

Name

Ragnhild Sunde

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

2246 Stacil Circle

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

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

Ragnhild Sunde
President

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-02

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** Delete
 NAME **THRUSHMAN, EUGENE**
 STREET ADDRESS **8139 LAS PALMAS WAY**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE **President** Change Addition
 NAME **Ragnhild Sunde**
 STREET ADDRESS **2246 Stacil Circle**
 CITY-ST-ZIP **Naples FL 34109**

TITLE **D** Delete
 NAME **MURPHY, JEAN K**
 STREET ADDRESS **8139 LAS PALMAS WAY**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **President** Change Addition
 NAME **Alan Singer**
 STREET ADDRESS **224 Stacil Circle**
 CITY-ST-ZIP **Naples FL 34109**

TITLE **D** Delete
 NAME **VLAHAS, DINE**
 STREET ADDRESS **2286 STACKIL CIRCLE**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **Treasurer** Change Addition
 NAME **John T Forsing**
 STREET ADDRESS **2194 Stacil Circle**
 CITY-ST-ZIP **Naples FL 34109**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Secretary** Change Addition
 NAME **Barbara Rice**
 STREET ADDRESS **2262 Stacil Circle**
 CITY-ST-ZIP **Naples FL 34109**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director-at-large** Change Addition
 NAME **Cli Howard Nuttall III**
 STREET ADDRESS **2202 Stacil Circle**
 CITY-ST-ZIP **Naples FL 34109**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02
 Date

941 274-9078
 Daytime Phone #

CR2E037 (9/01)