


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90038 004 \*\*\*\*61.25

DOCUMENT # N98000000768			
1. Entity Name MARKER LAKE VILLAS NEIGHBORHOOD ASSOCIATION, INC.		Principal Place of Business 2130 STACIL CIRCLE NAPLES, FL 34109	
2. Principal Place of Business		3. Mailing Address 2130 Stacil Cir	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34109	Country USA	4. FEI Number 59-3564096	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CLERI, MAUREEN 2230 STACIE CIR NAPLES, FL 34109		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip 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 <i>Maureen Cleri</i>		DATE 2-18-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLERI, MAUREEN	NAME	
STREET ADDRESS	2230 STACIL CIR	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALIK, ROY	NAME	
STREET ADDRESS	2282 STACIL CIR	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAMIANO, SYLVIA	NAME	LYNDA GARDNER
STREET ADDRESS	2138 STACIL CIR	STREET ADDRESS	2150 STACIL CIRCLE
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDFORD, KEN	NAME	
STREET ADDRESS	2134 STACIL CIR	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, PAT	NAME	
STREET ADDRESS	2158 STACIL CIR	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Roy G. Malik</i>		Date: 2-18-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 239 514 7097	

34003047



02152004 Chg-NP CR2E037 (10/03)

4. FEI Number: 59-3564096 Applied For: Not Applicable

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

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

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	D <input type="checkbox"/> Delete
NAME	CLERI, MAUREEN
STREET ADDRESS	2230 STACIL CIR
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D <input type="checkbox"/> Delete
NAME	MALIK, ROY
STREET ADDRESS	2282 STACIL CIR
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	DAMIANO, SYLVIA
STREET ADDRESS	2138 STACIL CIR
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D <input type="checkbox"/> Delete
NAME	BEDFORD, KEN
STREET ADDRESS	2134 STACIL CIR
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D <input type="checkbox"/> Delete
NAME	FOLEY, PAT
STREET ADDRESS	2158 STACIL CIR
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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 checked="" type="checkbox"/> Addition
NAME	LYNDA GARDNER
STREET ADDRESS	2150 STACIL CIRCLE
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE: *Roy G. Malik* Roy G. MALIK 2-18-04 239 514 7097