


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**


**DOCUMENT # N98000000768**

1. Entity Name  
 MARKER LAKE VILLAS NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business 2130 STACIL CIRCLE NAPLES, FL 34109 US	Mailing Address 2130 STACIL CIRCLE NAPLES, FL 34109 US
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**DO NOT WRITE IN THIS SPACE**



01232005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3564096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CLERI, MAUREEN  
 2230 STACIE CIR  
 NAPLES, FL 34109

**DO NOT WRITE IN THIS SPACE**

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: *Maureen Cleri* DATE: 1-24-05

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, 2005**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

FILE	D
NAME	CLERI, MAUREEN
STREET ADDRESS	2230 STACIL CIR
CITY ST ZIP	NAPLES, FL 34109
FILE	D
NAME	MALIK, ROY
STREET ADDRESS	2282 STACIL CIR
CITY ST ZIP	NAPLES, FL 34109
FILE	D
NAME	GARDNER, LYNDA
STREET ADDRESS	2150 STACIL CIRCLE
CITY ST ZIP	NAPLES, FL 34109
FILE	D
NAME	BEDFORD, KEN
STREET ADDRESS	2134 STACIL CIR
CITY ST ZIP	NAPLES, FL 34109
FILE	D
NAME	FOLEY, PAT
STREET ADDRESS	2158 STACIL CIR
CITY ST ZIP	NAPLES, FL 34109
FILE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

UD0000200011  
 01/28/05-80009-018 61.25

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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: *Roy G. Malik* DATE: 1-24-05 DAYTIME PHONE #: 239 514-7097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR