

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 23, 2009  
Secretary of State**

DOCUMENT# N98000000768

Entity Name: MARKER LAKE VILLAS NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

2130 STACIL CIRCLE  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

2130 STACIL CIRCLE  
NAPLES, FL 34109 US

**New Mailing Address:**

FEI Number: 59-3564096      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BEDFORD, KEN  
2134 STACIL CIR  
NAPLES, FL 34109 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 ( ) Delete  
Name: REYNOLDS, KATHRYN  
Address: 2282 STACIL CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: SD ( ) Delete  
Name: MALIK, ROY  
Address: 2282 STACIL CIR  
City-St-Zip: NAPLES, FL 34109

Title: T/D ( ) Delete  
Name: BEDFORD, KEN  
Address: 2134 STACIL CIR  
City-St-Zip: NAPLES, FL 34109

Title: VD ( ) Delete  
Name: RICE, BARBARA  
Address: 2262 STACIL CIR  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: REYNOLDS, KATHRYN  
Address: 2282 STACIL CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: S/D (X) Change ( ) Addition  
Name: MALIK, ROY  
Address: 2282 STACIL CIR  
City-St-Zip: NAPLES, FL 34109

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V/D (X) Change ( ) Addition  
Name: RICE, BARBARA  
Address: 2262 STACIL CIR  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: K L BEDFORD

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

T/D

02/23/2009

\_\_\_\_\_  
Date