

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90174 014 \*\*\*\*61.25

**DOCUMENT # N98000000768**

1. Entity Name

**MARKER LAKE VILLAS NEIGHBORHOOD ASSOCIATION, INC**



Principal Place of Business

**2130 STACIL CIRCLE  
NAPLES FL 34109**

Mailing Address

**P.O BOX 110654  
NAPLES FL 34108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3564096**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SUNDS, RAGNHILD  
2246 STACIL CIRCLE  
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name

**MAUREEN CLERI**

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

**2230 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Maureen Cleri*

**MAUREEN CLERI  
PRESIDENT**

**2/24/2003**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	SUNDE, RAGNHILD	2246 STACIL CIRCLE	NAPLES FL 34109	<input checked="" type="checkbox"/>
D	SINGER, ALAN	2214 STACIL CIRCLE	NAPLES FL 34109	<input checked="" type="checkbox"/>
D	FORCING, JOHN T	2194 STACIL CIRCLE	NAPLES FL 34109	<input checked="" type="checkbox"/>
D	RICE, BARBARA	2262 STACIL CIRCLE	NAPLES FL 34109	<input checked="" type="checkbox"/>
D	NUTTALL, CLIFFORD III	2202 STACIL CIRCLE	NAPLES FL 34109	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

CR2E037 (10/02)

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: *Maureen Cleri* **SIGNATURE REQUIRED**

**2/24/03 239 593-1706**