2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005934

Entity Name: L. S. OF PARKER LAKES NEIGHBORHOOD ASSOCIATION, INC.

FILED Mar 05, 2013 **Secretary of State** CC3662267176

Current Principal Place of Business:

2525 PARKWAY STREET FORT MYERS. FL 33901

Current Mailing Address:

C/O REALTY SERVICES 2525 PARKWAY STREET FORT MYERS. FL 33901 US

Certificate of Status Desired: No FEI Number: 65-0729732

Name and Address of Current Registered Agent:

2525 PARKWAY STREET

REALTY SERVICES 2525 PARKWAY STREET FORT MYERS, FL 33901 US

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

l itle	PRESIDENT	Title	VP, TREASURER
Name	MATHISON, THOMAS C	Name	SCHARLAU, THOMAS W
Address	C/O REALTY SERVICES	Address	C/O REALTY SERVICES

2525 PARKWAY STREET

FORT MYERS FL 33901 FORT MYERS FL 33901 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

ABLY, JAMES F SINCLAIR. DONNA Name Name

C/O REALTY SERVICES C/O REALTY SERVICES Address Address 2525 PARKWAY STREET

2525 PARKWAY STREET

City-State-Zip: FORT MYERS FL 33901 City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR Title **SECRETARY**

Name PAYNE, CAROLYN Name CALL, JACQUELINE

Address C/O REALTY SERVICES Address C/O REALTY SERVICES

2525 PARKWAY STREET 2525 PARKWAY STREET

City-State-Zip: FORT MYERS FL 33901 City-State-Zip: FORT MYERS FL 33901

I hereby 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 all other like empowered.

SIGNATURE: THOMAS SCHARLAU

TREASURER

03/05/2013