

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005934

Entity Name: L. S. OF PARKER LAKES NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**10231 METRO PKWY #204
FORT MYERS, FL 33966**Current Mailing Address:**C/O SWFL CAM SERVICES
10231 METRO PKWY #204
FORT MYERS, FL 33966 US**FEI Number:** 65-0729732**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SWFL CAM SERVICES
10231 METRO PKWY #204
FORT MYERS, FL 33966 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:** CRAIG VALENTINE

02/06/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name SINCLAIR, DONNA
Address 10231 METRO PKWY #204
City-State-Zip: FORT MYERS FL 33966

Title VP
Name PAYNE, CAROLYN
Address 10231 METRO PKWY #204
City-State-Zip: FORT MYERS FL 33966

Title SECRETARY
Name CALL, JACQUELINE
Address 10231 METRO PKWY #204
City-State-Zip: FORT MYERS FL 33966

Title PRESIDENT
Name MALENFANT, NORMAN
Address 10231 METRO PKWY #204
City-State-Zip: FORT MYERS FL 33966

Title DIRECTOR
Name WILLIAMS, GARY
Address 10231 METRO PKWY #204
City-State-Zip: FORT MYERS FL 33966

Title DIRECTOR
Name JOHNSON, JOHN
Address 10231 METRO PKWY #204
City-State-Zip: FORT MYERS FL 33966

Title DIRECTOR
Name BREHAUT, RICHARD
Address 10231 METRO PKWY #204
City-State-Zip: FORT MYERS FL 33966

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: DONNA SINCLAIR

TREASURER

02/06/2015

Electronic Signature of Signing Officer/Director Detail

Date