2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003922

Entity Name: G. V. OF PARKER LAKES NEIGHBORHOOD ASSOCIATION, INC.

FILED Apr 08, 2015 **Secretary of State** CC5032771021

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200 FORT MYERS, FL 33919

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200 FORT MYERS, FL 33919 US

FEI Number: 65-0768267 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD SUITE 200 FORT MYERS, FL 33919 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:

Title

Date Electronic Signature of Registered Agent

Title

D

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

Name SMALLEY, ROBERT Name HATLEY, MARY

C/O ALLIANT PROPERTY Address Address C/O ALLIANT PROPERTY

MANAGEMENT, LLC MANAGEMENT, LLC

6719 WINKLER ROAD, SUITE 200 6719 WINKLER ROAD, SUITE 200 FORT MYERS FL 33919 FORT MYERS FL 33919 City-State-Zip:

DIRECTOR

KEESTER, ROGER PATTY, GLEN Name Name

C/O ALLIANT PROPERTY C/O ALLIANT PROPERTY Address Address

MANAGEMENT, LLC MANAGEMENT, LLC

6719 WINKLER ROAD, SUITE 200 6719 WINKLER ROAD, SUITE 200

FORT MYERS FL 33919 City-State-Zip: FORT MYERS FL 33919 City-State-Zip:

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

Name CASEY, CHARLES Name CASEY, CHARLES

C/O ALLIANT PROPERTY C/O ALLIANT PROPERTY Address Address

MANAGEMENT, LLC MANAGEMENT, LLC

6719 WINKLER ROAD, SUITE 200 6719 WINKLER ROAD, SUITE 200

City-State-Zip: FORT MYERS FL 33919 City-State-Zip: FORT MYERS FL 33919

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: ROBERT SMALLEY **PRESIDENT** 04/08/2015