

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000000992

1. Entity Name
WILLOW BROOK AT PARKER LAKES IV CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
CORNERSTONE ASSOCIATION MANAGEMENT INC
8359 BEACON BLVD STE 409
FORT MYERS, FL 33919

Mailing Address
CORNERSTONE ASSOCIATION MANAGEMENT INC
8359 BEACON BLVD STE 409
FORT MYERS, FL 33919

FILED

05 APR 21 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

65-0913359

Applied For

Not Applicable

Zip

33907

Country

Zip

33907

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NASSOIY, SHERRY K
8359 BEACON BLVD
STE 409
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR 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
VD
ZURZOLO, JERRY
14501 DAFFODIL DR # 1208
FORT MYERS, FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
COLLINS, JULIA
14531 DAFFODIL DR #1603
FORT MYERS, FL 33919 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MITCHELL, KEN
14521 DAFFODIL DR #1503
FORT MYERS, FL 33919 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CARVER, ROBIN R
14511 DAFFODIL DR #1404
FORT MYERS FL 33919 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
BRUNETTI, JOY
14501 DAFFODIL DR #1202
FORT MYERS FL 33919 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DY
BURNS, SUSAN
14511 DAFFODIL DR #1408
FORT MYERS FL 33919 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WITCZAK, RUTH
14511 DAFFODIL DR #1403
FORT MYERS FL 33919 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100054016331
05/06/05--01069--019 **\$61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
\$61.25 ☐ Change ☐ Addition

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:

RUTH WITCZAK

4/14/05

Date

239-425-2696

Daytime Phone #