## **2006 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

**DOCUMENT # N00000000992** 

**FILED** Mar 03, 2006 8:00 am Secretary of State 03-03-2006 90117 040 \*\*\*\*61.25

	BROOK AT PARKER LAKE ATION, INC.	S IV CONDOMINIU	м						
	NE ASSOCIATION MANAGEMENT INC ON BLVD STE 409	8359 BEACON BLVD S	Mailing Address CORNERSTONE ASSOCIATION MANAGEMENT INC 8359 BEACON BLVD STE 409 FORT MYERS, FL 33907			A BILLI A C'III: A E IIX A E	-	) (	85
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02222006 C	hg-NP	CR2E03	7 (11/05)	
City & State	е	City & State			4. FEI Number 65-091335	59		_ <del>                                    </del>	pplied For of Applicable
Zip	Country	Zip	Country		5. Certificate of St	tatus Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Add	Iress of New I	Registered A	Agent	
NACCORY	CHERRY		Name						
	, SHERRY K CON BLVD		Street A	Address (F	O. Box Number is	Not Acceptab	le)		
	ERS, FL 33907								
	provincing the		City				FL	Zip Cod	
<ol><li>The above the obligat</li></ol>	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office o	r registere	ed agent, or both, in	the State of Fi	iorida. I am i	amiliar with,	and accept
	, ,								
	(								
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signal	ture required	 when reinstating)		DATE	·····	
SIGNATURE .	( )	and title if applicable. (NOT	E: Registered Agent signal	ture required	 when reinstating)	<b>T</b>	DATE		
SIGNATURE .	( )	9. Efection Car	E: Registered Agent signal mpaign Financing Contribution.		when reinstating) \$5.00 May Be Added to Fees		DATE Make check rida Depar		
SIGNATURE .	Signature, typed or printed name of registered agent : Filling Fee is \$61.25	9. Efection Cal Trust Fund (	npaign Financing		\$5.00 May Be Added to Fees	Flo	Make check rida Depar	tment of S	tate
-	Signature, typed or printed name of registered agent.  Filling Fee is \$61.25  Due by May 1, 2006	9. Election Car Trust Fund (	mpaign Financing Contribution.		\$5.00 May Be Added to Fees DDITIONS/CHANG	Flo ES TO OFFICE	Make check rida Depar ERS AND DIF	RECTORS IN	l 10
10.	Signature, typed or printed name of registered agent of Filling Fee is \$61.25  Due by May 1, 2006  OFFICERS AND DIF	9. Efection Car Trust Fund (	mpaign Financing Contribution.		\$5.00 May Be Added to Fees DDITIONS/CHANG	Flo ES TO OFFICE	Make check rida Depar ERS AND DIF	RECTORS IN	tate
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10. TITLE NAME	Signature, typed or printed name of registered agent.  Filling Fee is \$61.25  Due by May 1, 2006  OFFICERS AND DIF  VD  ZURZOLO, JERRY	9. Election Car Trust Fund (	npaign Financing Contribution.  11.  TITLE NAME	D A VP . 1701	\$5.00 May Be Added to Fees DOITIONS/CHANG D VA L. YON 31 DAFFO	ESTO OFFICE	Make check rida Depar ERS AND DIF	timent of Since Change	l 10
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIF  VD  ZURZOLO, JERRY  14501 DAFFODIL DR # 1208	9. Election Car Trust Fund (	npaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS	VP   DOI 145   FT:	\$5.00 May Be Added to Fees DODITIONS/CHANG DOVA L. YON 31 DAFFO MYETS,	ES TO OFFICE VKURIA DIL Z FL 3	Make check rida Depar ERS AND DIR On #	tment of Si RECTORS IN Change	l 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25  Due by May 1, 2006  OFFICERS AND DIF  VD  ZURZOLO, JERRY 14501 DAFFODIL DR # 1208  FORT MYERS, FL 33919  DP	9. Election Car Trust Fund ( RECTORS	mpaign Financing Contribution.  11.  TITLE  NAME  SIREET ADDRESS  CITY-SI-ZIP  TITLE	VP   DOI 145   FT:	\$5.00 May Be Added to Fees DOITIONS/CHANG D VA L. YON 31 DAFFO	ES TO OFFICE VKURIA DIL Z FL 3	Make check rida Depar ERS AND DIR On #	tment of Si RECTORS IN Change	1 10 Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of trusted 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

AMV J RULL H WILC 2A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR