


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90367 010 ****61.25

| | | | | | |
|--|---|---|--|--|---|
| DOCUMENT # N32478 1. Entity Name PARKER LAKES HOMEOWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 1330 RAIL HEAD BLVD 4 NAPLES, FL 34110 US | | | Mailing Address 1330 RAIL HEAD BLVD.#4 NAPLES, FL 34110 US | | |
| 2. Principal Place of Business 1700 Winkler Rd Suite, Apt. #, etc. #2 | | 3. Mailing Address same Suite, Apt. #, etc. | | | |
| City & State Ft. Myers, FL | | City & State | | 4. FEI Number 59-2953172 | |
| Zip 33919 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FAMILY PROPERTY SERVICES INC. 1330 RAIL HEAD BLVD #4 NAPLES, FL 34110 | | | | 7. Name and Address of New Registered Agent Name: Alliant Property mgmt Street Address (P.O. Box Number is Not Acceptable): 1700 Winkler Rd #2 City: Ft. Myers FL Zip Code: 33919 | |
| 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: <u>Jack Strohm</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4.10.06</u> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BARKER, DANAMAE 15146 PALM ISLE DRIVE FORT MYERS, FL 33919 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1VD HEISS, MARIE 15041-2103 LAKESIDE VIEW DRIVE FORT MYERS, FL 33919 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SHANELY, RICHARD 9201 CLOVE COURT FORT MYERS, FL 33919 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD STAGMER, BOYD 14550 GLEN COVE DRIVE #704 FORT MYERS, FL 33919 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VD ABLY, JIM 15000-102 LAKESIDE VIEW DRIVE FORT MYERS, FL 33919 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAAKE, BILL 9200-1504 LALIQUE LANE FORT MYERS, FL 33919 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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: <u>Danamae V. Barker</u> 04-11-06 239 466 5602 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |

40074078



03072006 Chg-NP CR2E037 (11/05)

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAMILY PROPERTY SERVICES INC.
1330 RAIL HEAD BLVD #4
NAPLES, FL 34110

Name: Alliant Property mgmt
Street Address (P.O. Box Number is Not Acceptable): 1700 Winkler Rd #2
City: Ft. Myers FL Zip Code: 33919

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

Filing Fee is \$61.25
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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STREET ADDRESS
CITY-ST-ZIP

PD
BARKER, DANAMAE
15146 PALM ISLE DRIVE
FORT MYERS, FL 33919

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1VD
HEISS, MARIE
15041-2103 LAKESIDE VIEW DRIVE
FORT MYERS, FL 33919

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
SHANELY, RICHARD
9201 CLOVE COURT
FORT MYERS, FL 33919

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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TD
STAGMER, BOYD
14550 GLEN COVE DRIVE #704
FORT MYERS, FL 33919

☒ Delete

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☒ Change ☒ Addition

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ABLY, JIM
15000-102 LAKESIDE VIEW DRIVE
FORT MYERS, FL 33919

☐ Delete

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9200-1504 LALIQUE LANE
FORT MYERS, FL 33919

☐ Delete

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☐ Change ☐ Addition

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SIGNATURE:

Danamae V. Barker

04-11-06

239 466 5602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DANAMAE V BARKER