


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90024 041 ****61.25

DOCUMENT # N32478 1. Entity Name PARKER LAKES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 6700 WINKLER RD 2 FORT MYERS, FL 33919 US		Mailing Address 6700 WINKLER RD 2 FORT MYERS, FL 33919 US	
2. Principal Place of Business - No P.O. Box # _____			
Suite, Apt. #, etc. Alliant Property Management, LLC 6719 Winkler Road Suite 200 Fort Myers, FL 33919		04272007 Chg-NP CR2E037 (12/06)	
City & State Fort Myers, FL 33919		4. FEI Number 59-2953172	
Zip 33919		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLIANT PROP. MGMT 6700 WINKLER RD 2 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Na Str Alliant Property Management, LLC 6719 Winkler Road Suite 200 Ci Fort Myers, FL 33919 Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, and accepts the obligations of registered agent.			
SIGNATURE <i>Millie Strohm</i> Signature, typed or printed name of registered agent and title if applicable.		<i>Millie Strohm Agent</i> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP Mary Hatley Roberts 14840 Crystal Cove Ct #501 Fort Myers, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANELY, RICHARD 9201 CLOVE COURT 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	T TOPOLENSKI, STAN 14807 PARADIGM CT FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Dorothy Kunz 9321 Water Lily Ct #703 Ft. Myers, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABLY, JIM 15000-102 LAKESIDE VIEW DRIVE FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Manfred Dangle C/O Alliant Prop Mgmt 6719 Winkler Rd Ste 200 Fort Myers FL 33919 <input 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: <i>John M. Strohm</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>4-27-07</i> Daytime Phone # <i>239-454-1101</i>	