

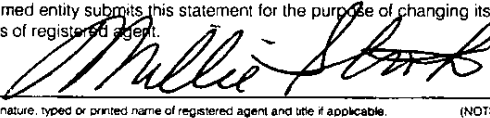
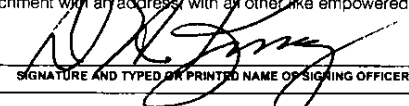


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90060 002 \*\*\*\*61.25

|   |  |   |   |  |   |
|---|--|---|---|--|---|
| <b>DOCUMENT # N32478</b><br>1. Entity Name<br><b>PARKER LAKES HOMEOWNERS ASSOCIATION, INC.</b>  |  |   |   |   |   |
| Principal Place of Business<br><b>ALLIANT PROPERTY MGMT., LLC</b><br><b>6719 WINKLER ROAD STE 200</b><br><b>FORT MYERS, FL 33919 US</b>   |  |   | Mailing Address<br><b>ALLIANT PROPERTY MGMT., LLC</b><br><b>6719 WINKLER ROAD STE 200</b><br><b>FORT MYERS, FL 33919 US</b>                 |  |   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |   |  |   |
| City & State<br><br>Zip      Country  |  | City & State<br><br>Zip      Country  |   | 03212008    Chg-NP    CR2E037 (12/06)  |   |
| 4. FEI Number<br><b>59-2953172</b>  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable                             |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | <b>\$8.75 Additional --</b><br><b>Fee Required</b>                                 |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>ALLIANT PROP. MGMT</b><br><b>6719 WINKLER ROAD</b><br><b>SUITE 200</b><br><b>FORT MYERS, FL 33919</b>  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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  <b>Agent</b> <b>4-1-08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE   |  |   |   |  |   |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                       |   |
| <b>Make check payable to</b><br><b>Florida Department of State</b>  |  |   |   |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>BARKER, DANAMAE<br>15146 PALM ISLE DRIVE<br>FORT MYERS, FL 33919     | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>ROBERTS, MARY H<br>14840 CRYSTAL COVE CT #501<br>FORT MYERS, FL 33919 | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | D Manfred Dangle<br>15030 Bridgeway Ln #501<br>Ft Myers, FL 33919<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SHANELY, RICHARD<br>9201 CLOVE COURT<br>FORT MYERS, FL 33919          | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TS<br>KUNZ, DOROTHY<br>9321 WATER LILY CT #703<br>FORT MYERS, FL 33919     | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ABLY, JIM<br>15000-102 LAKESIDE VIEW DRIVE<br>FORT MYERS, FL 33919    | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>HAAKE, BILL<br>9200-1504 LALIQUE LANE<br>FORT MYERS, FL 33919         | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | D John Conrad<br>14560 Alamander Ct #408<br>Ft Myers, FL 33919<br><input type="checkbox"/> Change <input checked="" 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. |  |   |   |  |   |
| <b>SIGNATURE:</b>    |  |   |   |  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |   |  |   |
| <small>Date      Daytime Phone #</small>  |  |   |   |  |   |