

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32478

FILED
Mar 29, 2012
Secretary of State

Entity Name: PARKER LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD STE 200
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD STE 200
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 59-2953172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD
SUITE 200
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BRIGHT, NANCY LOU
Address: 15201 PALM ISLE DR.
City-St-Zip: FORT MYERS, FL 33919

Title: VP
Name: WADE, ARVIN
Address: 9190 CLOVE CT.
City-St-Zip: FORT MYERS, FL 33919

Title: SD
Name: HATHY, BETH
Address: 14860 LAKE OLIVE
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: TONNESEN, STAN
Address: 9201 LALIQUE LANE #1601
City-St-Zip: FT. MYERS, FL 33919

Title: D
Name: RAY, BARBARA
Address: 2639 FIELDSTONE
City-St-Zip: FT. MYERS, FL 33919

Title: D
Name: VELDMAN, BOB
Address: 14551 DAFFODIL DR. #1804
City-St-Zip: FT. MYERS, FL 33919

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCY LOU BRIGHT

PD

03/29/2012

Electronic Signature of Signing Officer or Director

Date