

4/24/98

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N96000002056 (7)**

1. Corporation Name

**B. W. OF PARKER LAKES NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O MARQUIS MANAGEMENT, INC  
12861 NEW BRITTANY BLVD  
FT. MYERS FL 33907  
US

C/O MARQUIS MANAGEMENT, INC  
12861 NEW BRITTANY BLVD  
FT. MYERS FL 33907  
US

2. Principal Place of Business  
Bridgeway at Parker Lakes  
Condominium Association, Inc.  
c/o Henke Property Mgt. Inc.  
**6213-E PRESIDENTIAL CT**  
Fort Myers, FL 33919

2a. Mailing Address  
Bridgeway at Parker Lakes  
Condominium Association, Inc.  
c/o Henke Property Mgt. Inc.  
**6213-E PRESIDENTIAL CT.**  
Fort Myers, FL 33919

3. Date Incorporated or Qualified

**04/16/1996**

4. FEI Number

**65-0729734**

Applied For

Not Applicable

Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

5. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

24 | 25 | 26 | 27 | 28 | 29 | 30 |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STILPHEN, PETER**  
**MARQUIS MANAGEMENT, INC**  
**12861 NEW BRITTANY BLVD**  
**FT. MYERS FL 33907**

81 N  
82 E  
83  
84 **CAROL J. HENKE**  
**C/O HENKE PROPERTY MANAGEMENT, INC.**  
**6213-E PRESIDENTIAL COURT**  
**FORT MYERS FL 33919**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Carol J. Henke*

**4-18-98**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **REISMAN, JOHN**  
STREET ADDRESS **6296 CORPORATE COURT, SUITE A101**  
CITY-ST-ZIP **FORT MYERS FL 33919**

1.1 TITLE **PD** ☒ Change ☒ Addition  
1.2 NAME **JEANNE BERNARD**  
1.3 STREET ADDRESS **15010 BRIDGEWAY LANE #304**  
1.4 CITY-ST-ZIP **FORT MYERS FL**

TITLE **VD** ☒ DELETE  
NAME **GULLO, VINCE**  
STREET ADDRESS **6296 CORPORATE COURT, SUITE A101**  
CITY-ST-ZIP **FORT MYERS FL 33919**

2.1 TITLE **VD** ☒ Change ☒ Addition  
2.2 NAME **JOEL C. YOUNG**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **FORT MYERS FL**

TITLE **STD** ☒ DELETE  
NAME **KNIZER, DAVID**  
STREET ADDRESS **9400 GLADROLUS DR STE 250**  
CITY-ST-ZIP **FT. MYERS FL 33908**

3.1 TITLE **SD** ☒ Change ☒ Addition  
3.2 NAME **JEAN BOLGER**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP **FORT MYERS FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE **TD** ☒ Change ☒ Addition  
4.2 NAME **THOMAS M. CLUSERATH**  
4.3 STREET ADDRESS **15050 BRIDGEWAY LANE #703**  
4.4 CITY-ST-ZIP **FORT MYERS FL 339**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Thomas M. Cluserath*

**4/18/98**

CR2E037 (10/97)

FILED  
Apr 24 1998 8:00am  
Secretary of State

