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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000005935 (9)

1. Corporation Name

LAKEIDE OF PARKER LAKES ONE CONDOMINIUM ASSOCIA
TION, INC.

Principal Place of Business

Mailing Address

9400 GLADIOLUS DRIVE
SUITE 250
FORT MYERS FL 33908

9400 GLADIOLUS DRIVE
SUITE 250
FORT MYERS FL 33908-3682

2. Principal Place of Business

2a. Mailing Address

C/O Marquis Management, Inc.
12661 New Brittany Blvd.
Fort Myers, FL 33907

C/O Marquis Management, Inc.
12661 New Brittany Blvd.
Fort Myers, FL 33907

3. Date Incorporated or Qualified
11/20/1996

3a. Date of Last Report

4. FEI Number

65-072 35 30

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUSSNER, STEPHEN L
ONE TAMPA CITY CENTER BLDG.
SUITE 2100
TAMPA FL 33601

81 Name Stilphen, Peter
82 Street Marquis Management, Inc.
83 12661 New Brittany Blvd.
84 City Fort Myers, FL 33907
i 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

John A. Stilphen

PETER A. STILPHEN

3/27/97

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
NAME REISMAN, JOHN
STREET ADDRESS 9400 GLADIOLUS DRIVE STE 250
CITY-ST-ZIP FORT MYERS FL 33908 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME GULLO, VINCE
STREET ADDRESS 9400 GLADIOLUS DRIVE STE 250
CITY-ST-ZIP FORT MYERS FL 33908 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME KNIZNER, DAVE
STREET ADDRESS 9400 GLADIOLUS DRIVE STE 250
CITY-ST-ZIP FORT MYERS FL 33908 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

14. I do 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:

John A. Stilphen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/97

9419387572

Date

Daytime Phone # 0056271

CR2E037 (9/96)