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Apr 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005935 (9)**

1. Corporation Name

**LAKESIDE OF PARKER LAKES ONE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O MARQUIS MANAGEMENT INC  
12661 NEW BRITTANY BLVD  
FT MYERS FL 33907  
US

C/O MARQUIS MGT INC  
12661 NEW BRITTANY BLVD  
FT MYERS FL 33907  
US

c/o Marquis Management, Inc.  
9400 Gladiolus Drive #100  
Fort Myers, FL 33908 US

c/o Marquis Management, Inc.  
9400 Gladiolus Drive #100  
Fort Myers, FL 33908 US

3. Date Incorporated or Qualified

**11/20/1996**

4. FEI Number

**65-0723530**

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

8. 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 MGT INC  
12661 NEW BRITTANY BLVD  
FT MYERS FL 33907

81 Stiphen, Peter  
82 Marquis Management, Inc.  
83 9400 Gladiolus Drive #100  
84 Fort Myers, FL 33908 US

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

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	1.1 TITLE	PD
NAME	REISMAN, JOHN	1.2 NAME	CHARLES BENNETT
STREET ADDRESS	9400 GLADIOLUS DRIVE STE 250	1.3 STREET ADDRESS	15010 Lakeside View Dr. # 202
CITY - ST - ZIP	FORT MYERS FL 33908	1.4 CITY - ST - ZIP	Ft. Myers FL 33919
TITLE	VD	2.1 TITLE	DUP
NAME	GULLO, VINCE	2.2 NAME	WILTON WOODBURN
STREET ADDRESS	9400 GLADIOLUS DRIVE STE 250	2.3 STREET ADDRESS	15001 LAKESIDE VIEW DR # 2804
CITY - ST - ZIP	FORT MYERS FL 33908	2.4 CITY - ST - ZIP	FT. MYERS, FL 33919
TITLE	STD	3.1 TITLE	D
NAME	KNIZNER, DAVE	3.2 NAME	
STREET ADDRESS	9400 GLADIOLUS DRIVE STE 250	3.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS FL 33908	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	TD
NAME		4.2 NAME	JANE KIRKMAN
STREET ADDRESS		4.3 STREET ADDRESS	15011 LAKEVIEW DR 2404
CITY - ST - ZIP		4.4 CITY - ST - ZIP	FT. MYERS, FL 33919
TITLE		5.1 TITLE	SD
NAME		5.2 NAME	John Berger
STREET ADDRESS		5.3 STREET ADDRESS	15020 LAKEVIEW DR # 304
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Naples, FL 33919
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Charles A. Bennett*

3/31/98

CR2E037 (1097)