

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90083 047 ****61.25

DOCUMENT # N96000005935

1. Corporation Name

LAKESIDE OF PARKER LAKES ONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O MARQUIS MANAGEMENT INC
9400 GLADIOLUS DR. #10
FT MYERS FL 33908
US

Mailing Address

C/O MARQUIS MGT INC
9400 GLADIOLUS DR. #100
FT MYERS FL 33908
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/20/1996

4. FEI Number

65-0723530

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

9. Name and Address of Current Registered Agent

STILPHEN, PETER
MARQUIS MGT INC
9400 GLADIOLUS DR. #10
FT MYERS FL 33908

10. Name and Address of New Registered Agent

MICHAEL FLEMING c/o
MARQUIS MANAGEMENT INC.
9400 GLADIOLUS DR. SUITE 100
FORT MYERS, FL. 33908

85 Zip Code

11. Pursuant to the provisions of Sections 617.0802 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, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
BENNETT, CHARLES
STREET ADDRESS 15010 LAKESIDE VIEW DR #202
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☒ DELETE

NAME DVP
WOODBURN, WILTON
STREET ADDRESS 15001 LAKESIDE VIEW DR #2804
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☒ DELETE

NAME D
KNIZNER, DAVE
STREET ADDRESS 9400 GLADIOLUS DRIVE STE 250
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☐ DELETE

NAME TD
KIKEMAN, JANE
STREET ADDRESS 15011 LAKEVIEW DR 2404
CITY-ST-ZIP FT MYERS FL 33919

TITLE ☐ DELETE

NAME SD
BERGER, JOHN
STREET ADDRESS 15020 LAKEVIEW DR #304
CITY-ST-ZIP NAPLES FL 33919

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)