

FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000966 (8)**

1. Corporation Name

LAKESIDE OF PARKER LAKES TWO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 9400 GLADIOLUS DRIVE SUITE 250 FORT MYERS FL 33908		Mailing Address 9400 GLADIOLUS DRIVE SUITE 250 FORT MYERS FL 33908		3. Date Incorporated or Qualified 02/20/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 05-0747032	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip		28. Zip		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country		29. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KUSSNER, STEPHEN L SUITE 2100, ONE TAMPA CITY CENTER BLDG POST OFFICE BOX 3433 TAMPA FL 33601				10. Name and Address of New Registered Agent			
				81. Name Stephen, Peter			
				82. Street Address (P.O. Box Number is Not Acceptable) Marquis Management, Inc			
				83. 9400 Gladiolus Dr #100			
				84. City Ft Myers FL 85 Zip Code 33908			

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE *Peter Stilphen* **PETER STILPHEN** 4/30/98 DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	REISMAN, JOHN			1.2 NAME	William Betts		
STREET ADDRESS	9400 GLADIOLUS DR, STE 250			1.3 STREET ADDRESS	9320 Water Lily Ct. #504		
CITY-ST-ZIP	FORT MYERS FL 33908			1.4 CITY-ST-ZIP	Ft. Myers, FL 33919		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GULLO, VINCE			2.2 NAME	Janet Pierpoint		
STREET ADDRESS	9400 GLADIOLUS DR, STE 250			2.3 STREET ADDRESS	9321 Water Lily Ct. #601		
CITY-ST-ZIP	FORT MYERS FL 33908			2.4 CITY-ST-ZIP	Ft. Myers, FL 33919		
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNIZNER, DAVE			3.2 NAME	Knizner, Dave		
STREET ADDRESS	9400 GLADIOLUS DR, STE 250			3.3 STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33908			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME	Fred Kunz		
STREET ADDRESS				4.3 STREET ADDRESS	9321 Water Lily Ct. #703		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Ft. Myers, FL 33919		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME	Mitchell Courte		
STREET ADDRESS				5.3 STREET ADDRESS	15050 Lakeside View Dr #1002		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Ft. Myers, FL 33919		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME	Sam Alessi		
STREET ADDRESS				6.3 STREET ADDRESS	15041 Lakeside View Dr. #8103		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Ft. Myers, FL 33919		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* **3/31/98**

CR2E037 (10/97)