


FILE NOW: FILING FEE IS \$61.25

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

05-06-1999 90170 014 ****61.25

0059243

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000000966					
1. Corporation Name LAKE SIDE 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		



2. Principal Place of Business c/o MARQUIS MANAGEMENT 9400 GLADIOLUS DR SUITE 100 FORT MYERS, FL. 33908		2a. Mailing Address c/o MARQUIS MANAGEMENT 9400 GLADIOLUS DR SUITE 100 FORT MYERS, FL. 33908		3. Date Incorporated or Qualified 02/20/1997	
				4. FEI Number 65-0747032	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent STILPHEN, PETER MARQUIS MANAGEMENT INC 9400 GLADIOLUS DR STE 100 FT MYER FL 33908		81		MICHAEL FLEMING c/o MARQUIS MANAGEMENT INC. 9400 GLADIOLUS DR. SUITE 100 FORT MYERS, FL. 33908	
		82			
		83			
		84			
				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: Michael Fleming (NOTE: Registered Agent signature required when reinstating) DATE: 4/23/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BETTS, WILLIAM			1.2 NAME			
STREET ADDRESS	9320 WATERLILY CT., #504			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL 33919			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PIERPOINT, JANET			2.2 NAME			
STREET ADDRESS	9331 WATERLINE CT., #601			2.3 STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33919			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KNIZNER, DAVE			3.2 NAME			
STREET ADDRESS	9400 GLADIOLUS DR, STE 250			3.3 STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33908			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KUNZ, FRED			4.2 NAME			
STREET ADDRESS	9321 WATERLILY CT STE 703			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL 33919			4.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ALESSI, SAM			5.2 NAME			
STREET ADDRESS	15041 LAKESIDE VIEW DR STE 2103			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL 33919			5.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COURTE, MITCHELL			6.2 NAME			
STREET ADDRESS	15050 LAKESIDE VIEW DR., #1002			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33919			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: Michael Fleming SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99
Date

Daytime Phone #

CR2E037 (11/98)