

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 046 ****61.25

DOCUMENT # N97000003123

1. Corporation Name

LAKESIDE OF PARKER LAKES THREE CONDOMINIUM ASSOC
IATION, INC.

Principal Place of Business

9400 GLADIOLUS DR., STE. 250
FT. MYERS FL 33908

Mailing Address

9400 GLADIOLUS DR., STE. 250
FT. MYERS FL 33908



2. Principal Place of Business

2a. Mailing Address

MARQUIS MANAGEMENT
100 GLADIOLUS DR SUITE 100
FORT MYERS, FL. 33908

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

3. Date Incorporated or Qualified

05/30/1997

4. FEI Number

65-0760708

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

24 9. Name and Address of Current Registered Agent

STILPHEN, PETER
C/O MARQUIS MANAGEMENT, INC
9400 GLADIOLUS DRIVE #100
FORT MYERS FL 33908

81
82
83
84

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 617.0502 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

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	REISMAN, JOHN	
STREET ADDRESS	9400 GLADIOLUS DR., STE. 250	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	GULLO, VINCE	
STREET ADDRESS	9400 GLADIOLUS DR., STE. 250	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	KNIZNER, DAVE	
STREET ADDRESS	9400 GLADIOLUS DR., STE. 250	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Moore	
1.3 STREET ADDRESS	15060 Lakeside View Dr #1102	
1.4 CITY-ST-ZIP	Fort Myers, FL. 33919	
2.1 TITLE	Halloran, Terry	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Halloran, Terry	
2.3 STREET ADDRESS	15060 Lakeside View Dr #1101	
2.4 CITY-ST-ZIP	Fort Myers, FL. 33919	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sobier, Earl	
3.3 STREET ADDRESS	15090 Lakeside View Dr #1501	
3.4 CITY-ST-ZIP	Fort Myers, FL. 33919	
4.1 TITLE	VO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lootz, MIP	
4.3 STREET ADDRESS	15091 Lakeside View Dr #1101	
4.4 CITY-ST-ZIP	Fort Myers, FL. 33919	
5.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Weimer, Edward	
5.3 STREET ADDRESS	15080 Lakeside View Dr #1102	
5.4 CITY-ST-ZIP	Fort Myers, FL. 33919	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

04/29/99

Date

Daytime Phone #

CR2E037 (11/98)