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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003921 (0)**

1. Corporation Name

GRAND VIEW OF PARKER LAKES ONE CONDOMINIUM ASSOCIATION, 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**

3. Date Incorporated or Qualified

07/09/1997

4. FEI Number

65-0768267

Applied For

Not Applicable

2. Principal Place of Business

9400 Gladiolus Dr

Suite, Apt. #, etc.

100

City & State

Fort Myers

Zip

FL

Country

33908

2a. Mailing Address

9400 Gladiolus Dr

Suite, Apt. #, etc.

100

City & State

Fort Myers

Zip

FL

Country

33908

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. 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

9. Name and Address of Current Registered Agent

**KUSSNER, STEPHEN L
STE. 2100, 1 TAMPA CITY CENTER BUILDING
TAMPA FL 33601**

10. Name and Address of New Registered Agent

81. Name

Peter Stilphen

82. Street Address (P.O. Box Number is Not Acceptable)

610 Marquis Management, Inc

83.

9400 Gladiolus Dr #100

84. City

Fort 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Peter A. Stilphen

PETER STILPHEN

3/31/98

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 ☐ DELETE

NAME **DP REISMAN, JOHN**
STREET ADDRESS **9400 GLADIOLUS DR., STE. 250**
CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE ☐ DELETE

NAME **GV GULLO, VINCE**
STREET ADDRESS **9400 GLADIOLUS DR., STE. 250**
CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE ☐ DELETE

NAME **DST KNIZNER, DAVE**
STREET ADDRESS **9400 GLADIOLUS DR., STE. 250**
CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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.

SIGNATURE:

Peter A. Stilphen

3/31/98

9445452W

CR2E037 (10/97)