

FILE NOW: FILING FEE IS \$61.25

FILED
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
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3. Date Incorporated or Qualified 07/09/1997	
4. FEI Number 65-0768267	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	

2. Principal Place of Business 21 9400 Gladiolus Dr Suite, Apt. #, etc. 22 100 City & State 23 Fort Myers Zip 24 FL	2a. Mailing Address 26 9400 Gladiolus Dr Suite, Apt. #, etc. 27 100 City & State 28 Fort Myers Zip 29 FL	Country 25 33908	Country 30 33908
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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	85 Zip Code FL 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 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	DP	<input type="checkbox"/> DELETE
NAME	REISMAN, JOHN	
STREET ADDRESS	9400 GLADIOLUS DR., STE. 250	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GULLO, VINCE	
STREET ADDRESS	9400 GLADIOLUS DR., STE. 250	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	DST	<input 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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.

SIGNATURE: *Peter Stilphen* **PETER STILPHEN** **3/31/98** **9445452W**

CR2E037 (10/97)