

FILED

May 23, 2001 8:00 am
Secretary of State

05-21-2001 90358 005 ****61.25

05-23-2001 91181 009 ****61.25

DOCUMENT #

1. Entity Name

Grandview of Parker Lakes Neighborhood

Principal Place of Business

Mailing Address

c/o Prime Management,
9400 Gladiolus Dr. Ste 100
Fort Myers, FL 33908c/o Prime Management
9400 Gladiolus Dr. Ste 100
Fort Myers, FL 33908

2. Principal Place of Business

3. Mailing Address

Prime Management
9400 Gladiolus DrivePrime Management
9400 Gladiolus Dr ve

Suite 100

Suite 100

Fort Myers, FL 33908

Fort Myers, FL 33908

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Prime Management
9400 Gladiolus Drive
Suite 100
Fort Myers, FL 33908

Name

Arlene O'Neill

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

c/o Prime Management, Inc.
9400 Gladiolus Dr. Ste 100

City

Fort Myers

FL

Zip Code

33908

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition
NAME		NAME	Judy Morris PD
STREET ADDRESS		STREET ADDRESS	14961 Vista View Way #907
CITY-ST-ZIP		CITY-ST-ZIP	Fort Myers FL 33919
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition
NAME		NAME	Richard Zukauskas VD
STREET ADDRESS		STREET ADDRESS	14940 Vista View Way #603
CITY-ST-ZIP		CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition
NAME		NAME	Diane Morris STD
STREET ADDRESS		STREET ADDRESS	14951 Vista View Way #803
CITY-ST-ZIP		CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Judith L Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20017 10/00