

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000768

1. Entity Name

MARKER LAKE VILLAS NEIGHBORHOOD ASSOCIATION, INC

Principal Place of Business

11216 TAMiami TRAIL NORTH  
STE 341  
NAPLES FL 34110

Mailing Address

11216 TAMiami TRAIL NORTH  
STE 341  
NAPLES FL 34110

2. Principal Place of Business

8139 LAS PALMAS WAY

3. Mailing Address

8139 LAS PALMAS WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL.

City & State

NAPLES, FL

4. FEI Number

59-3564096

Applied For

Not Applicable

Zip

34109

Country

U-S-A

Zip

34109

Country

U-S-A

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THRUSHMAN, GENE  
11216 TAMiami TRAIL NORTH  
STE 341  
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name

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

8139 LAS PALMAS WAY

City

NAPLES

FL

Zip Code

34109

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

Gene Thrushman

1/12/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME THRUSHMAN, EUGENE C  
STREET ADDRESS 11216 TAMiami TRAIL NORTH  
CITY-ST-ZIP NAPLES FL 34110

TITLE D ☐ Delete  
NAME MURPHY, JEAN K  
STREET ADDRESS 8139 LAS PALMAS WAY  
CITY-ST-ZIP NAPLES FL 34110

TITLE D ☐ Delete  
NAME VLAHAS, DINE  
STREET ADDRESS 2286 STACKIL CIRCLE  
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition  
NAME Thrushman, Eugene C  
STREET ADDRESS 8139 LAS PALMAS WAY  
CITY-ST-ZIP NAPLES, FL 34109

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

Gene Thrushman

1/12/01 941-591-0222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0072806

FILED

Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90092 038 \*\*\*\*\*61.25

706012



DO NOT WRITE IN THIS SPACE