

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90038 004 ****61.25

DOCUMENT # N98000000768					
1. Entity Name MARKER LAKE VILLAS NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 2130 STACIL CIRCLE NAPLES, FL 34109			Mailing Address (P.O. BOX 110654) NAPLES, FL 34108		
2. Principal Place of Business		3. Mailing Address 2130 Stacil Cir			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State NAPLES FL			
Zip	Country	Zip	Country	4. FEI Number 59-3564096	
34109		USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLERI, MAUREEN 2230 STACIE CIR NAPLES, FL 34109			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
FL			FL		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Maureen Cleri</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 2-18-04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLERI, MAUREEN 2230 STACIL CIR NAPLES, FL 34109 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D MALIK, ROY 2282 STACIL CIR NAPLES, FL 34109 <input type="checkbox"/> Delete	D DAMIANO, SYLVIA 2138 STACIL CIR NAPLES, FL 34109 <input checked="" type="checkbox"/> Delete		D LYNDA GARDNER 2150 STACIL CIRCLE NAPLES, FL 34109 <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D BEDFORD, KEN 2134 STACIL CIR NAPLES, FL 34109 <input type="checkbox"/> Delete	D FOLEY, PAT 2158 STACIL CIR NAPLES, FL 34109 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Roy G. Malik</i> ROY G. MALIK <i>2-18-04</i> <i>239 514 7097</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					