
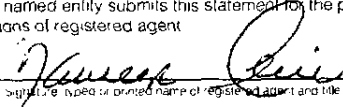



**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000000768		
1. Entity Name MARKER LAKE VILLAS NEIGHBORHOOD ASSOCIATION, INC.		
Principal Place of Business 2130 STACIL CIRCLE NAPLES, FL 34109 US	Mailing Address 2130 STACIL CIRCLE NAPLES, FL 34109 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CLERI, MAUREEN 2230 STACIE CIR NAPLES, FL 34109		DO NOT WRITE IN THIS SPACE
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:  (NOTE: Registered Agent signature required when reinstating) DATE: <u>1-24-05</u>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
FILE NAME STREET ADDRESS CITY ST ZIP	D CLERI, MAUREEN 2230 STACIL CIR NAPLES, FL 34109	DO NOT WRITE IN THIS SPACE
FILE NAME STREET ADDRESS CITY ST ZIP	D MALIK, ROY 2282 STACIL CIR NAPLES, FL 34109	
FILE NAME STREET ADDRESS CITY ST ZIP	D GARDNER, LYNDIA 2150 STACIL CIRCLE NAPLES, FL 34109	
FILE NAME STREET ADDRESS CITY ST ZIP	D BEDFORD, KEN 2134 STACIL CIR NAPLES, FL 34109	
FILE NAME STREET ADDRESS CITY ST ZIP	D FOLEY, PAT 2158 STACIL CIR NAPLES, FL 34109	
FILE 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:  Roy G. Malik SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>1-24-05</u> Daytime Phone #: <u>239 514-7097</u>



01232005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3564096	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

UD0000200011
01/28/05-80009-018 61.25