
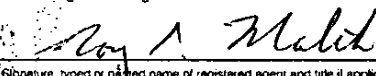
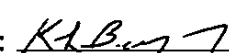


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90025 049 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3564096	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 Roy G Malik Street Address (P.O. Box Number is Not Acceptable) 2282 STACIL CIR 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  ROY G. MALIK 3-17-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLERI, MAUREEN	NAME			
STREET ADDRESS	2230 STACIL CIR	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MALIK, ROY	NAME	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	2282 STACIL CIR	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARDNER, LYNDA	NAME			
STREET ADDRESS	2150 STACIL CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEDFORD, KEN	NAME			
STREET ADDRESS	2134 STACIL CIR	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOLEY, PAT	NAME			
STREET ADDRESS	2158 STACIL CIR	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	KATHRYN REYNOLDS		
STREET ADDRESS		STREET ADDRESS	2282 STACIL CIR		
CITY-ST-ZIP		CITY-ST-ZIP	NAPLES, FL 34109		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  KENNETH L. BEDFORD 3-17-2006 (639) 591-4021 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					