

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90174 014 ****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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3564096**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUNDS, RAGNHILD
2246 STACIL CIRCLE
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name

MAUREEN CLERI

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

2230 STACIL CIRCLE

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

Maureen Cleri

**MAUREEN CLERI
PRESIDENT**

2/24/2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **SUNDE, RAGNHILD**
STREET ADDRESS **2246 STACIL CIRCLE**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☒ Change ☒ Addition
NAME **MAUREEN CLERI**
STREET ADDRESS **2230 STACIL CIRCLE**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☒ Delete
NAME **SINGER, ALAN**
STREET ADDRESS **2214 STACIL CIRCLE**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☒ Change ☒ Addition
NAME **ROY MALIK**
STREET ADDRESS **2282 STACIL CIRCLE**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☒ Delete
NAME **FORCING, JOHN T**
STREET ADDRESS **2194 STACIL CIRCLE**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☒ Change ☒ Addition
NAME **SYLVIA DAMIANO**
STREET ADDRESS **2138 STACIL CIRCLE**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☒ Delete
NAME **RICE, BARBARA**
STREET ADDRESS **2262 STACIL CIRCLE**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☒ Change ☒ Addition
NAME **KEN BEDFORD**
STREET ADDRESS **2134 STACIL CIRCLE**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☒ Delete
NAME **NUTTALL, CLIFFORD III**
STREET ADDRESS **2202 STACIL CIRCLE**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☒ Change ☒ Addition
NAME **PAT FOLEY**
STREET ADDRESS **2158 STACIL CIRCLE**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete
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:

Maureen Cleri
SIGNATURE REQUIRED

2/24/03 239 593-1706

CR2E037 (10/02)