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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001163

1. Corporation Name

C.C. OF PARKER LAKES NEIGHBORHOOD ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
9400 GLADIOLUS DRIVE SUITE 250 FT. MYERS FL 33908	9400 GLADIOLUS DRIVE SUITE 250 FT. MYERS FL 33908

2. Principal Place of Business	2a. Mailing Address
c/o MARQUIS MANAGEMENT 9400 GLADIOLUS DR SUITE 100 FORT MYERS, FL. 33908	c/o MARQUIS MANAGEMENT 9400 GLADIOLUS DR SUITE 100 FORT MYERS, FL. 33908

3. Date Incorporated or Qualified: 02/25/1998

4. FEI Number: 650815540 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
KUSSNER, STEPHEN L ONE TAMPA CITY CENTER, SUITE 2100 P.O. BOX 3433 TAMPA FL 33601	81 82 83 84	MICHAEL FLEMING c/o MARQUIS MANAGEMENT INC. 9400 GLADIOLUS DR. SUITE 100 FORT MYERS, FL. 33908 L 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ Michael Fleming RSA 4/21/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REISMAN, JOHN 9400 GLADIOLUS DRIVE, SUITE 250 FT. MYERS FL 33908	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Knowland, Donald 14870 Crystal Cove Ct. #201 Fort Myers, FL. 33919	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GULLO, VINCE 9400 GLADIOLUS DRIVE, SUITE 250 FT. MYERS FL 33908	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Wallace, Cooper 14870 Crystal Cove Ct #206 Fort Myers, FL. 33919	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KNIZNER, DAVE 9400 GLADIOLUS DRIVE, SUITE 250 FT. MYERS FL 33908	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	STD Valenzula, Homer 14841 Crystal Cove Ct. #1904 Fort Myers, FL. 33919	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jonathan Zeller REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #