

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90459 033 ****61.25

DOCUMENT # N98000001163

1. Entity Name

C.C. OF PARKER LAKES NEIGHBORHOOD ASSOCIATION, I

Principal Place of Business

Mailing Address

**C/O MARQUIS MANAGEMENT
 9400 GLADIOLUS DR STE 100
 FORT MYERS FL 33908**

**C/O MARQUIS MANAGEMENT
 9400 GLADIOLUS DR STE 100
 FORT MYERS FL 33908-6698**

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

65-0815540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLEMING, MICHAEL
 C/O MARQUIS MANAGEMENT INC
 9400 GLADIOLUS DR STE 100
 FORT MYERS FL 33908**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 KNOWLAND, DONALD
 14870 CRYSTAL COVE CT #201
 FORT MYERS FL 33919** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 DONALD KNOWLAND
 14870 CRYSTAL COVE CT #201
 Ft. Myers, FL 33919** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 WALLACE, ROGER
 14870 CRYSTAL COVE CT #206
 FORT MYERS FL 33919** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PUPE DONALD
 STAD TOMASSON
 1201 CALIQUE LN #1504
 Ft. Myers, FL 33919** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**STD
 VALENZULA, HOMER
 14841 CRYSTAL COVE CT #1904
 FORT MYERS FL 33919** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**STD
 JUDY MACLEON
 14801 Crystal Cove Ct. #1004
 Ft. Myers, FL 33919** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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 CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 941-415-9093

Date

Daytime Phone #