

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001163

1. Entity Name

C.C. OF PARKER LAKES NEIGHBORHOOD ASSOCIATION, I

Principal Place of Business

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

Mailing Address

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

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

Warren S. Jensen

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

WARREN S. JENSEN Agent

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/01

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VD
NAME Gil Hadad
STREET ADDRESS 14800 Crystal Cove Ct. #904
CITY-ST-ZIP Ft. Myers, FL. 33919 ☐ Change ☒ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
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

Date

Daytime Phone #

3/26/01 941-415-9092

CR2E037 (10/00)